

L16000092126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

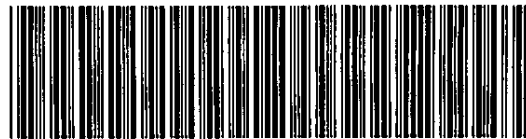
(Business Entity Name)

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DIVISION OF CORPORATIONS

O SIMMONS
DEC 0 5 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFB of Northwest Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M. Bizzell

Name of Person

SFB of Northwest Florida, LLC

Firm/Company

3250 W. Navy Blvd., Suite 100

Address

Pensacola, FL 32505

City/State and Zip Code

bng@cpabizness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M. Bizzell

850 434-5574

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas M. Bizzell	P.O. Box 12346	☐ Add
		Pensacola, FL 32591	☐ Remove
			☒ Change
MGR	Thomas B. Carter	2660 Cawdor Ct.	☐ Add
		Pensacola, FL 32503	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
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			☐ Change

16 DEC - 16
 DIVISION OF REGISTRATION
 AH # 30
 Remove
 Change
 Add
 Remove
 Change
 Add
 Remove
 Change

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 29

2016

ber 29 2016
Thomas M. Kizzell
Signature of a member of authorized

Signature of a member or authorized representative of a member

Thomas M. Bizzell

Typed or printed name of signee