

122 0000 90874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

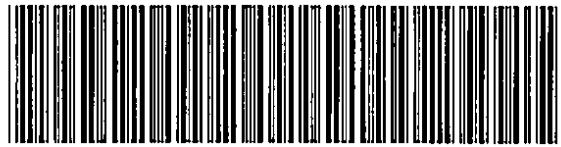
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STATE TAX OF 514.00
DIVISION OF REVENUE
2022 JUL 21 AM 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENTLEMEN EMBRACING MANKIND

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:

JAISON MCNEELY

Name of Person

GENTLEMEN EMBRACING MANKIND

Firm/Company

4103 E. ELLICOTT ST. UNIT. 202

Address

TAMPA, FL. 33610

City/State and Zip Code

PROSPERITYPREVENTIVEPPM@GMAIL.COM

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

For further information concerning this matter, please call:

JAISON MCNEELY

813

924-1635

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
OWNER	MCNEELY, JAISON A.	4103 E. ELLICOTT STREET	☐ Add
		UNIT. 202	☐ Remove
		TAMPA, FL. 33610	☒ Change
MGR	FRAZIER, CHARLIE, III	400 NORTH ASHLEY DRIVE SUITE 1900	☐ Add
		TAMPA, FL. 33602	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

2022 JUL 21 AM 11:27

2022 JUL 21 AM 11:27

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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 JULY 19, 2022

J. M. M. M. Signature of _____

Signature of a member or authorized representative of a member

JAISON A. MCNEELY

Typed or printed name of signee