

L01000007377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

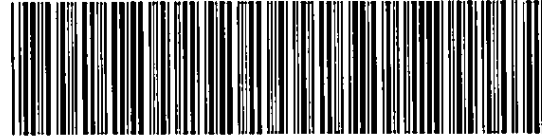
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900318331079

09/14/18--01017--009 \*\*30.00

2018 SEP 14 PM 5:15  
SEP 17 2018  
11:14:03 PM  
FBI

M. MILLIGAN

SEP 24 2018

**RICHARD S. TOLBERT**  
**ATTORNEY & COUNSELOR AT LAW**

12161 KEN ADAMS WAY, SUITE 220  
WELLINGTON, FLORIDA 33414

TELEPHONE: (561) 832-8700  
FACSIMILE: UPON REQUEST

September 11, 2018

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

Re: Absolute Investments, LLC  
Articles of Amendment (Name Change)

Dear Registration Section:

Enclosed please find my client's completed Articles of Amendment to Articles of Organization of Absolute Investments, LLC, accompanied by my check in the amount of \$30.00 for the Filing Fee and Certificate of Status.

A self addressed stamped envelope is enclosed for your convenience.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Richard S. Tolbert', with a large, stylized flourish at the end.

Richard S. Tolbert

RST:pm

encs.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Absolute Investments, 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:

Richard S. Tolbert, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12161 Ken Adams Way, Suite 220

\_\_\_\_\_  
Address

Wellington, FL 33414

\_\_\_\_\_  
City/State and Zip Code

TolblawFL@aol.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard S. Tolbert

561 832-8700  
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

2018 SEP 14 PM 5:15  
and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number 101000007377

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**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.

Dated September 11, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

2010 SEP 14 PM 5:15  
STATIONERY DIVISION  
U.S. DEPT. OF JUSTICE