

L02-000034435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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T. CLINE

JAN 20 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 19 AM 10:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Marion Land Holding, 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:

Frank C. Amatea

Name of Person

Law Office of Frank C. Amatea

Firm/Company

500 NE 8th Avenue

Address

Ocala, Florida 34470

City/State and Zip Code

amatea@embarqmail.com

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

For further information concerning this matter, please call:

Frank C. Amatea

Name of Person

at (**352**)

732-4740

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

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TALLAHASSEE, FLORIDA

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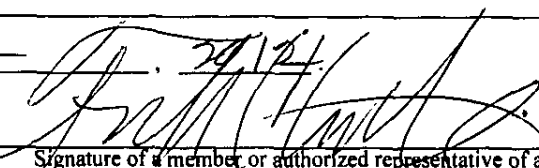
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Phinney, Edward E.	2344 SE 5th Street Ocala, Florida 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Amatea, Frank C.	500 NE 8th Avenue Ocala, Florida 34470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

1/2


Signature of a member or authorized representative of a member

Frank C. Amatea

Typed or printed name of signee

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Filing Fee: \$25.00

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