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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 213 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:

Brenda J Gray

Name of Person

213 LLC

Firm/Company

17582 Brown Rd

Address

Odessa FL 33556

City/State and Zip Code

brenda@grayhomes.com

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

For further information concerning this matter, please call:

Brenda J Gray

at ()

813-957-1642

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

213 LLC

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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>
AMBR	Valerie G Fugit	17582 Brown Rd	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly G Mangum	17582 Brown Rd	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melanie G Farrell 1	17582 Brown Rd	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" 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

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: May 13, 2017 (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 May 19, 2017.

Brenda J Gray
Signature of a member of author

Signature of a member or authorized representative of a member

Brenda J Gray

Typed or printed name of signee