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(Requestor's Name)

(Address)

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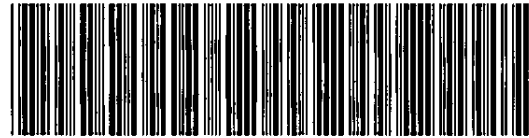
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Donald L. Amick, 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:

Donald L. Amick

Name of Person

Donald L. Amick, LLC

Firm/Company

5900 Cleveland Drive

Address

Punta Gorda, FL 33982

City/State and Zip Code

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

For further information concerning this matter, please call:

Donald L. Amick

Name of Person

at (

407 314-4084

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

DONALD L. AMICK, LLC

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MGR = Manager
AMBR = Authorized Member

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**UNITED STATES
DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA**

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 16, 2014

x Donald L. Amick

Signature of a member or authorized representative of a member

Donald L. Amick

Typed or printed name of signee

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Filing Fee: \$25.00

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