

L05000022192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

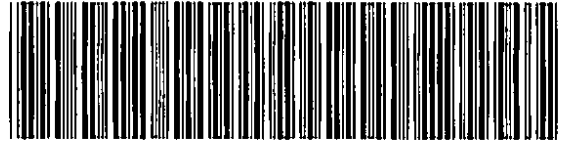
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500349811055

08/07/20--01023--001 **670.00

2020 AUG - 7 AM 7:08
FILED
CLERK OF SUPERIOR COURT
JULIA S. ELLIOTT

2020 AUG - 7 AM 7:08

FILED

SEP 2 8 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sheltair West Hampton, L.L.C.

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:

Dena Auletto

Name of Person

Saavedra-Goodwin

Firm/Company

312 S.E. 17th Street, 2nd Floor

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

dauletto@saavlaw.com

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

For further information concerning this matter, please call:

Dena Auletto

954

767-6333

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

FILED
2020 AUG -7 PM 7:08
U.S. DISTRICT COURT
N. DIST. OF CALIF.
SAN FRANCISCO
CLERK OF COURT
JENNIFER L. HARRIS

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City *Zip Code*

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

[illegible]

(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)

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

August 5, 2020

David M. Holland
Signature of a member or authorized representative of the association

Signature of a member or authorized representative of a member

Gerald M. Haland, CEC

Typed or printed name of signee