

L05 0000 50747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

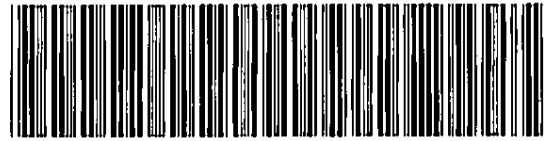
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000340596180

02/18/20--01036--004 \*\*25.00

2020 FEB 18 PM 12:00

R. WHITE  
MAR 10 2020

**CHRISTINE ALEXIS GAY, P.A.**

747 S. Ridgewood Ave., Suite 101  
Daytona Beach, FL 32114

386-492-5935 Phone

321-373-0086 Facsimile

Email: christinealexisg@aol.com

February 11, 2020

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

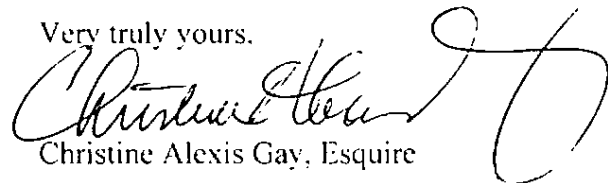
RE: Amendment to : Holmes Schoolhouse, LLC

Dear Sir or Madam,

Please find enclosed an amendment to the corporation Holmes Schoolhouse, LLC and a check for the filing fee enclosed. Please make the appropriate changes to the corporate records. Kindly contact me with any questions or concerns at the above phone, address or fax.

With kindest regards, I remain,

Very truly yours,

A handwritten signature in black ink, appearing to read "Christine Alexis Gay", with a large, stylized flourish extending to the right.

Christine Alexis Gay, Esquire

CAG/rg  
Enc.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOLMES SCHOOLHOUSE, 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:

SUSAN HOLMES

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

HOLMES SCHOOLHOUSE, LLC

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

1800 CHANDELLE COURT

\_\_\_\_\_  
Address

PORT ORANGE, FL 32128

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

paulandsusie@bellsouth.net

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

For further information concerning this matter, please call:

Susan Holmes

386

214-7924

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

2026 FEB 18 PM 12:00

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Susan Holmes	1800 CHANDELLE COURT	<input type="checkbox"/> Add
		PORT ORANGE, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Paul Holmes	1800 CHANDELLE COURT	<input type="checkbox"/> Add
		PORT ORANGE, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHERISH HOLMES REV TRUST	1800 CHANDELLE COURT	<input checked="" type="checkbox"/> Add
		PORT ORANGE, FL 32128	<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

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

FOR PAUL HOLMES AND SUSIE HOLMES title is changed to AMBR. ADDED CHERISH HOLMES

REVOCABLE TRUST AS AMBR

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 Feb 4<sup>th</sup> 2020

Susan Joan Holmes

Signature of a member or authorized representative of a member

Susan Joan Holmes

Typed or printed name of signee