

W60000015833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

W6-15833

(Document Number)

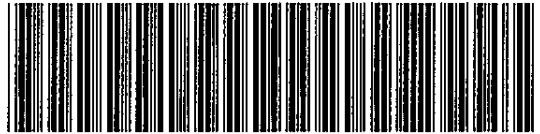
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ES-n-GE  
(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:

Anna M. Zaccardo  
(Name of Person)

(Firm/Company)

10949 Poinciana Drive  
(Address)

Clermont, FL 34711  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna M. Zaccardo at 352, 394-6094  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Filing Fee: \$ 25.00**