

LC6 0000 48456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

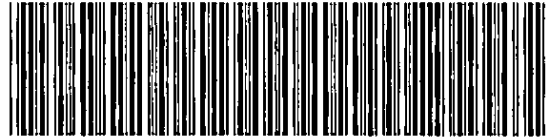
(Business Entity Name)

(Document Number)

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2018 JUN 23 A 7:17

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6/27/18 DS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WARREN FAMILY HOLDINGS I 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:

Michael E. Warren

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

WARREN FAMILY HOLDINGS I LLC c/o AMJ Inc. of Gainesville

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

502 NW 16th Avenue, Suite 1

\_\_\_\_\_  
Address

Gainesville, FL 32601

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

mewarren@amjinc.com

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

For further information concerning this matter, please call:

Michael E. Warren

352 375 - 4600  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
MAR 25 A 7:11  
TALLAHASSEE, FL



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>
MGRM	Michael E. Warren	502 NW 16th Avenue, Suite 1	<input type="checkbox"/> Add
		Gainesville, FL 32601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PHYLLIS P. WARREN	502 NW 16th Avenue, Suite 1	<input type="checkbox"/> Add
		Gainesville, FL 32601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael E Warren	502 NW 16th Ave, Ste 1	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Phyllis P Warren	502 NW 16th Ave, Ste 1	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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.

Dated June 9

Signature of a member or authorized representative of a member

Typed or printed name of signee