

L07000066544

(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



800161224778

10/05/08--01004--016 \*\*25.00

D. BRUCE

OCT 6 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cyntrist , 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:

Stephen Wells

Name of Person

Cyntrist , LLC

Firm/Company

680 Via Lugano

Address

Winter Park, FL 32789

City/State and Zip Code

mail@stephenwells.com

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

For further information concerning this matter, please call:

Stephen Wells

Name of Person

at ( 407 )

628-1411

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

**Cyntrist , LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fifty K Group, LLC	2710 Rew Circle	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Ocoee, FL 32761	
MGR	AMWright Holdings, Inc	409 IPSWICH STREET	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPT. 30, 2009

Stephen Wells  
Signature of a member or authorized representative of a member

STEPHEN WELLS  
Typed or printed name of signee