

LO7000110179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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531B2S

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Ashmore & Associates, 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:

Camden Ashmore

Name of Person

Ashmore & Associates, LLC (to change to Ashmore Design, LLC)

Firm/Company

27499 Riverview Center Blvd. Suite 103

Address

Bonita Springs, FL 34134

City/State and Zip Code

CamdenA@AshmoreLLC.com

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

For further information concerning this matter, please call:

Camden Ashmore

239

444-5780

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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,P	Ashmore, Rodney	27499 Riverview Center Blvd.	<input type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change
MGR,VP	Ashmore, Camden	27499 Riverview Center Blvd.	<input type="checkbox"/> Add
of Business Operations		Suite 103	<input type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change
VP	Walls, Kevin Jay	27499 Riverview Center Blvd.	<input checked="" type="checkbox"/> Add
of Architecture		Suite 103	<input type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input checked="" 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.)*

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2019 APR 30 3 13
CLARK COUNTY, INDIANA

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 April 25, 2018

Signature of _____

Candice Ashmore

Typed or printed name of signee