

L070000118519

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend/CC
CLC

MAY 18 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADISON TRAVEL & TOURS, 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:

RONALD E RAGANS

Name of Person

MADISON TRAVEL & TOUR, LLC

Firm/Company

377 NE ALYSSUM LOOP

Address

MADISON FL 32340

City/State and Zip Code

madisontraveltours@comcast.net

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

For further information concerning this matter, please call:

RONALD E RAGANS

850

673-9569

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

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ALBUQUERQUE, N.M.
RECORDS

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

Page 1 of 3

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	MARILYN F RAGANS	377 NE ALYSSUM LOOP	<input checked="" type="checkbox"/> Add
		MADISON FL 32340-4144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAUREN R. MCCULLOUGH	1065 WASHINGTON ST	<input checked="" type="checkbox"/> Add
		WAYCROSS GA 31503-8810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LISA R HURST	4512 MAYO DRIVE	<input checked="" type="checkbox"/> Add
		COLUMBUS GA 31909	<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.)*

[illegible]

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'

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 _____, _____

Signature of a member or authorized representative of a member

RONALD E RAGANS

Typed or printed name of signee