

20900000 1219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

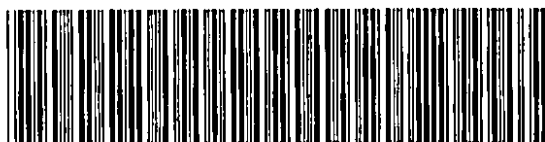
(Business Entity Name)

(Document Number)

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2018 DEC 17 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ben Roberts 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:

Paige Roberts

Name of Person

Firm/Company

9201 SE 7th Avenue

Address

Ocala, FL 34480

City/State and Zip Code

partyof9infl@gmail.com

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

For further information concerning this matter, please call:

Paige Roberts

352 624-9209
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

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>
MGR	Leslie Houston	205 Chalfont Land	<input type="checkbox"/> Add
		Columbia, SC 29229	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Benjamin Roberts	9201 SE 7th Avenue	<input checked="" type="checkbox"/> Add
		Ocala, FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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F. Effective date, if other than the date of filing: _____ (optional)

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 December 10 2018

Paige A. Roberts
Signature of a member or author

Signature of a member or authorized representative of a member

Paige A Roberts

Typed or printed name of signee