

LO9000051248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

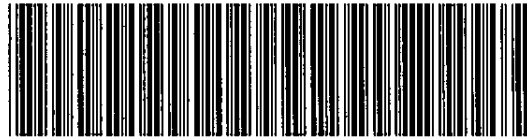
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LO9-51248
Amend

04/07/16--01012--016 **25.00

FILED
16 APR -7 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR -8 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: University Blvd 1822, 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:

Theo K. Mitchelson Jr.

Name of Person

University Blvd 1822, LLC

Firm/Company

1822 University Blvd S.

Address

Jax., FL, 32216

City/State and Zip Code

tagteamtheo@comcast.net

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

For further information concerning this matter, please call:

Theo K. Mitchelson Jr.

904 465-0665
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

and assigned

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

and assigned

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>
MGR	Theo K. Mitchelson III	1822 University Blvd S., Jax., FL, 32216	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anadela Ryan	1822 University Blvd S., Jax., FL, 32216	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APR 18 2016
PM 2:55
STATE OF FLORIDA
COUNTY OF DALLAS

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

16 APR - 7 PM 2:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-11-2010 BY 60322
UCBAW

E. Effective date, if other than the date of filing: 03/21/2016 (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 March 21, 2016

Shri K. H. S. S.

Signature of a member or authorized representative of a member

Theo K. Mitchelson Jr.

Typed or printed name of signee