

LOG0000093596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

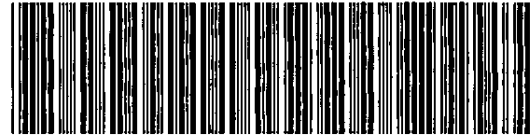
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2013 APR 11 AM 8:12
STATE OF FLORIDA
TALLAHASSEE, FL 32399

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J. SAULSBERRY
EXAMINER
APR 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keltris Blue, 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:

Thomas C. Tyler, Jr.

Name of Person

Thomas C. Tyler, Jr., P.A.

Firm/Company

735 E. Venice Avenue, Suite 200

Address

Venice, Florida 34285

City/State and Zip Code

susan.cochran@blackstoneshoes.com

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

For further information concerning this matter, please call:

Tom Tyler

Name of Person

at (941) 488-4422

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
CLERK OF COURT

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

Page 1 of 3

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	Peter Cochran	1109 Delacroix Circle	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
MGR	Susana Ramlie-Cochran	1109 Dellacroix Circle	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
MS	Susana Ramlie-Cochran	1109 Dellacroix Circle	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated April 8, 2013

Signature of a member or authorized representative of a member

Susana Ramlie-Cochran, MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FL 32399