

L 09000104198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500235047515

05/15/12--01035--017 **25.00

FILED
12 MAY 15 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 16 2012

JOHN L. KORTHALS
Attorney at Law

700 East Atlantic Blvd., Suite 200
Pompano Beach, FL 33060

(954) 783-2999
FAX (954) 783-9832
korthalslaw@bellsouth.net

May 14, 2012

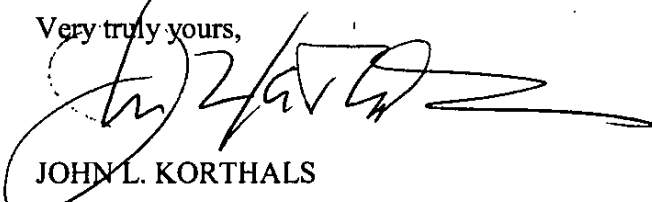
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment
Vectis Design, LLC

To Whom It May Concern,

In regard to the above referenced limited liability company, enclosed please find an Articles of Amendment and Resignation of Manager, both for filing in the company's records. Also enclosed please find two Cost account checks in the amount of \$25.00 each, which represents your filing fees of both documents. If you should have any questions in regard to this matter, please do not hesitate to contact our office.

Very truly yours,



JOHN L. KORTHALS

JLK/ejp
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VECTIS DESIGN 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:

John L. Korthals, Esq.

Name of Person

Law Office of John L. Korthals

Firm/Company

700 E. Atlantic Blvd., Suite 200

Address

Pompano Beach, FL 33060

City/State and Zip Code

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

For further information concerning this matter, please call:

John L. Korthals / Eric Ponzan

Name of Person

at (**954**)

783-2999

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

FILED
12 MAY 15 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

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

Page 1 of 2

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	John L. Korthals	700 E. Atlantic Blvd., Suite 200 Pompano Beach, FL 33060	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alan Jellis	4304 NE 21st Avenue Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

November 2, 2009

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00