

400000 59543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

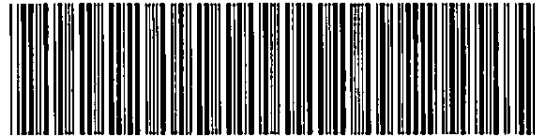
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOV 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TESTAMENT REALTY PARTNERS, 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:

Geoffrey Stilwell

Name of Person

Testament Realty Partners, LLC

Firm/Company

57 Timberland Cir S

Address

Fort Myers FL 33919

City/State and Zip Code

gsfortmyers@gmail.com

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

For further information concerning this matter, please call:

Geoffrey Stilwell

239 896-5225
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

TESTAMENT REALTY PARTNERS, LLC

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> |
|--------------|--------------------|---------------------|--|
| MGRM | SPINUZZA, FRANK | 927 NE 33RD TERRACE | <input type="checkbox"/> Add |
| | | CAPE CORAL FL 33909 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | STILWELL, GEOFFREY | 57 TIMBERLAND CIR S | <input checked="" type="checkbox"/> Add |
| | | FORT MYERS FL 33919 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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(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.

Dated 11/5, 2018

Signature of a member or authorized representative of a member

Geoffrey Stilwell

Typed or printed name of signee