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(Address)

(City/State/Zip/Phone #)

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G. MCLEOD
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EXAMINER



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FILED
11 MAR 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WELBRD, LLC

March 15, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: WELBRD, LLC Articles of Amendment

To whom it may concern:

Enclosed please find the original of Articles of Amendment relative to the above matter, along with our check in the amount of Twenty Five Dollars and 00/100's (\$25.00) relative to the filing fee. If the Amendment meets with your approval I ask that you file the amendment at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,



Jenny L. Colwell

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELBRD, 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:

Robert R. Lucas

Name of Person

WELBRD, LLC

Firm/Company

285 Grande Way Unit 403

Address

Naples, FL 34110

City/State and Zip Code

bob@moxxytrading.com

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

For further information concerning this matter, please call:

Bob Lucas

Name of Person

at (239)

325-8767

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 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> |
|--------------|-------------------------|---|--|
| MGMR | Robert G. Eberhard, III | 1085 PARTRIDGE CIRCLE Naples, FL 34104 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <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

3, 5, 2011

Signature of a member or authorized representative of a member

Robert R Lucas

Typed or printed name of signee