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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 30 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETREZ, 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:

RICHARD POLLOCK
Name of Person

NETREZ, LLC
Firm/Company

1350 N. WELLS ST #D512
Address

CHICAGO IL 60610
City/State and Zip Code

ACCOUNTING@CELEBRATIONVACATIONRENTALS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD POLLOCK at (312) 915-0102
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

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TALLAHASSEE, FLORIDA
(ords.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>
MGRM	STEVEN L WILLIAMS	11515 CAMDEN PARK DR WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RICHARD POLLOCK	11515 CAMDEN PARK DR WINDERMERE, FL 34786	<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
			<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 15 AUGUST, 2011.

Signature of a member or authorized representative of a member

RICHARD POLLOCK
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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