

L11000004775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

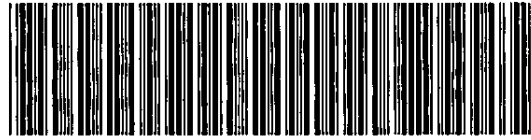
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SULKER

4.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lever & McAlilly, 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:

Lee M. McAlilly

Name of Person

Lever & McAlilly, LLC

Firm/Company

1110 North 5th Street

Address

Nashville, TN 37207

City/State and Zip Code

hello@originalfuzz.com

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

For further information concerning this matter, please call:

Lee M. McAlilly

917 495-1841
at ()

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

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>
MGR	Zachry C. Lever	2342 College Street	<input type="checkbox"/> Add
		Jacksonville, FL 32204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 DEC - 2 PM 2029
OFFICE OF STATE
PALM BEACH, FLORIDA

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

15 DEC -2 PM 2
U.S. DEPT. OF JUSTICE
FALL ARREST, 1100

DECLASSIFIED

15 DEC -2 PM 2:29

U.S. AIR FORCE

TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 12, 2015

Signature of _____

Signature of a member or authorized representative of a member

Lee M. McAllister

Typed or printed name of signee