

L11000029668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

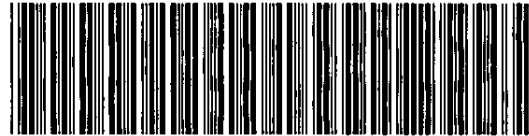
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263636774

09/19/14--01020--022 **25.00

FILED
14 SEP 19 PM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOODBURNE CAPITAL 1 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:

MARIE B. CODE, ESQ.

Name of Person

MARIE B. CODE, ESQ., P.L.

Firm/Company

1308 SW 27TH TERRACE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

MARIE@MARIEESQUIRE.COM

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

For further information concerning this matter, please call:

MARIE B. CODE, ESQ. at 239 829.0063
Name of Person Area Code Daytime Telephone Number

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

FILED
14 SEP 19 11:49
SECRET
TALLAHASSEE, FL 32301

WOODBURNE CAPITAL 1 LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

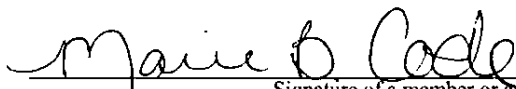
FILED
14 SEP 19
11:46
SEATTLE
WA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 16, 2014



Signature of a member or authorized representative of a member

MARIE B. CODE, ESQ.

Typed or printed name of signee

FILED
14 SEP 19 10:11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA