

L1000063454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

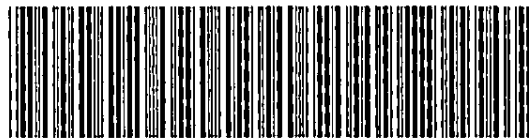
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/19--01040--009 **25.00

R. WHITE
MAR 12 2019

FILED
2019 MAR -4 PM 4:13
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Provident Enterprises 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:

Ammar Waters
Name of Person

Provident Enterprises LLC
Firm/Company

9000 New Orleans Ct.
Address

Orlando, FL 32818
City/State and Zip Code

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

For further information concerning this matter, please call:

Ammar Waters
Name of Person

at (321) 328-5830
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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SECRET
TALLAHASSEE, FL
and assigned

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>
<u>MGR</u>	<u>Ammon Waters</u>	<u>9000 New Orleans St.</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32818</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Dixon Twamley</u>	<u>754 Olympic Cir</u>	<input checked="" type="checkbox"/> Add
	<u>Dixon Twamley</u>	<u>Ocoee, FL 34761</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Adrian Black</u>	<u>622 Meadow Sage Dr.</u>	<input checked="" type="checkbox"/> Add
	<u>Adrian Black</u>	<u>Deland, FL 32724</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>STEVE CAMARLO</u>		<input type="checkbox"/> Add
		<u>Resigning From Prol</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

STEVEN Camargo is voted out & has resigned.

STEVEN Camargo is no longer P. (P.P.)

Adrian Blade is a new member.

Dixon Twamley is a new member.

Ammon Waters is Managing Member.

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)

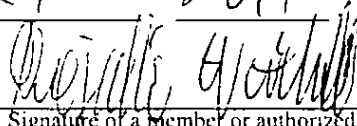
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

February 27 2019



Signature of a member or authorized representative of a member

Ammon Waters

Typed or printed name of signee