

L11000127060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 09 2014

JMW | LAW OFFICES
JAMES M. WEAVER, PA

November 24, 2014

Registration Section
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

Re: Rhodesbilt Arcade, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization of Rhodesbilt Arcade, LLC. Also enclosed please find check # 1777 in the amount of **\$25.00**.

If you should have any questions, please do not hesitate to call.

Sincerely yours,



Melissa Shields
Florida Registered Paralegal

/sl/ms
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHODESBILT ARCADE, 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:

JAMES M. WEAVER, ESQ.

Name of Person

JAMES M. WEAVER, PA

Firm/Company

240 E PARK AVENUE

Address

LAKE WALES, FL 33853

City/State and Zip Code

cmc79mac@verizon.net

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

For further information concerning this matter, please call:

JAMES M. WEAVER, ESQ.

at (863) 676-6000

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

RHODESBILT ARCADE, LLC

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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>
AMBR	CARL M. COPPOLA III	7536 BLACK ROAD	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33898-9040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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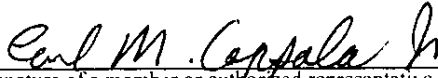
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 NOVEMBER 24, 2014



Signature of a member or authorized representative of a member

CARL M. COPPOLA, JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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