

#L11000/40545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

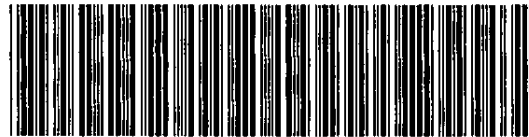
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/12--01018--020 **25.00

FILED
12 SEP -6 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
SEP -7 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patriot Principles and Properties, 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:

Frank Andrea

Name of Person

Patriot Principles and Properties, LLC

Firm/Company

5000 Hwy 17 Suite 18#338

Address

Fleming Island, Florida 32002

City/State and Zip Code

fa.retirement@yahoo.com

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

For further information concerning this matter, please call:

Frank Andrea

Name of Person

at (904)

472-5620

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

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:

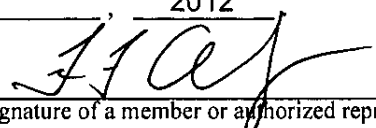
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carol A Jones	8133 Cayuga Trail Jacksonville, Florida 32244	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kyle J. Brady	5000 Highway 17 Suite 18#338 Fleming Island, Florida 32003	<input checked="" 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

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

Dated August 31st, 2012



Signature of a member or authorized representative of a member

Frank Andrea

Typed or printed name of signee