

L12000037936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

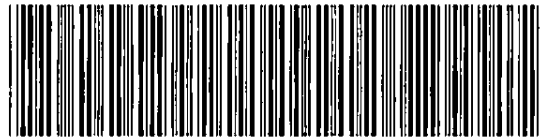
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/23--01020--010 **55.00

2023 OCT 20 PM 4:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNTRESS 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:

STARLENE C. CHEESEMAN

Name of Person

Firm/Company

3960 A1A SOUTH, #912

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

tzvecl68@gmail.com

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

For further information concerning this matter, please call:

STARLENE C. CHEESEMAN

904

437-7634

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SC
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	ROBERT J. MARTIN	1704 WINDJAMMER LANE	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	STARLENE C. CHEESEMAN	3960 A1A SOUTH, #912	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00