

L12000104627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

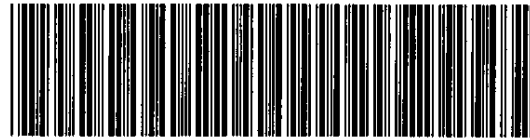
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6223SMA, 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:

Wesley W. Eaves

Name of Person

6223SMA, LLC

Firm/Company

123 W. Bloomingdale Ave., PMB 260

Address

Brandon, FL 33511

City/State and Zip Code

weaves526@gmail.com

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

For further information concerning this matter, please call:

Wesley W. Eaves

Name of Person

at **813 943-1474**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

À \$25.00 Filing Fee

À \$30.00 Filing Fee &
Certificate of Status

À \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

À \$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

6223SMA, LLC

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14 MAY 28 AM '45
SECRETARY OF THE ARMY
WASHINGTON, D.C.
TALLAHASSEE, FLORIDA
Zip Code

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>
			Å Add
			Å Remove
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TALLAHASSEE, FLORIDA
MAY 23 1973
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STATE OF FLORIDA
TALLAHASSEE

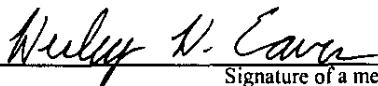
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add EIN Number 46-5613929

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 May 20, 2014



Signature of a member or authorized representative of a member

Wesley W. Eaves

Typed or printed name of signee

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Filing Fee: \$25.00

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14 MAY 23 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA