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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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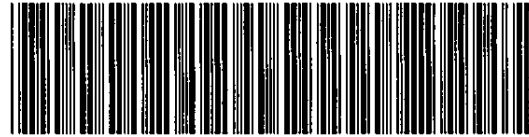
(Business Entity Name)

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J. BRYAN

SEP 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOYAL LINK, 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:

KATHLEEN SCHNEIDER
Name of Person
LOYAL LINK, LLC
Firm/Company
4428 CLIPPER COVE
Address
DESTIN, FLORIDA 32541
City/State and Zip Code
Kathleenmschneider@gmail.com
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION

For further information concerning this matter, please call:

KATHLEEN SCHNEIDER at (678) 549-9959
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

LOYAL LINK, LLC

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	JOHN ROSS MYNATT	3173 CHIPPING WOOD CT ALPHARETTA, GA. 30004 US	☐ Add ☒ Remove
MGRM	JOSEPH ROSS MYNATT	3173 CHIPPING WOOD CT ALPHARETTA, GA. 30004 US	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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Dated SEPTEMBER 6, 2017.

Kathleen Schneider

Signature of a member or authorized representative of a member

KATHLEEN SCHNEIDER

Typed or printed name of signee