

L12000 128039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

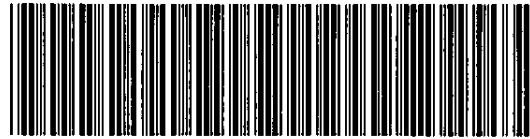
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400260878214

06/09/14--01048--013 \*\*30.00

14 JUN -9 PM 12:52  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M & N Waters, 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:

**K. Judith Lane, Esq.**

Name of Person

**Halifax Law Group**

Firm/Company

**P.O. Box 9357**

Address

**Daytona Beach, FL 32120**

City/State and Zip Code

**eservices@halifaxlawgroup.com**

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

For further information concerning this matter, please call:

**Shelby L. Best**

Name of Person

at **(386) 492-4880**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
MGR	Dennis Lilly	347 S. Ridgewood Ave.	<input type="checkbox"/> Add
		Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Remove
AMBR	Michael Suah	3100 John Anderson Dr.	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32176	<input type="checkbox"/> Remove
AMBR	Nancy Suah	3100 John Anderson Dr.	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32176	<input type="checkbox"/> Remove
MGR	Michael Suah	3100 John Anderson Dr.	<input type="checkbox"/> Add
		Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 6-11-01 BY 60322 UCBA

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

---

---

---

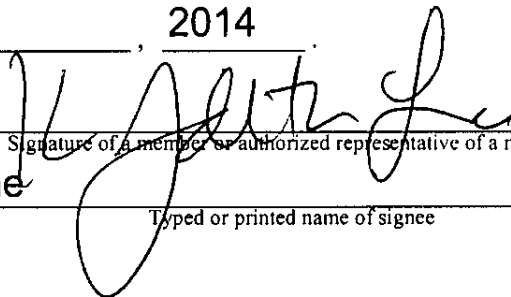
---

---

**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 June 4, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

K. Judith Lane

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

14 JUN -9 PM 12:02  
TALLAHASSEE, FLORIDA