

L12000152621

(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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RECEIVED

15 MAR 13 AM 10:00

DEPARTMENT OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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2015 MAR 13 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KerbyCo, 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:

Jonathan S. Coleman

Name of Person

Z29, LLC

Firm/Company

333 3rd Ave N, Ste 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

jonathanc@jpfirm.com

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

For further information concerning this matter, please call:

Jonathan S. Coleman

at (727)

800-5980

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2015

JONATHAN S COLEMAN
333 3RD AVE N, STE 200
ST PETERSBURG, FL 33701

SUBJECT: KERBYCO, LLC
Ref. Number: L12000152621

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KERBYCO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 415A00004855

Z29, LLC

February 24, 2015

Via Federal Express
Overnight Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: L12000152621 KerbyCo, LLC and
L15000032493 Z29, LLC

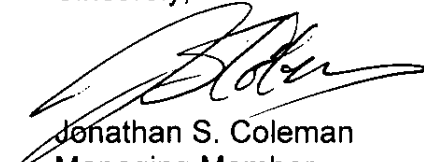
Dear Sir or Ma'am:

Enclosed, please find the Articles of Amendment to Articles of Organization of KerbyCo, LLC submitting its name change to Z29, LLC.

My assistant, who took her time in completing this task for me, misunderstood my instructions and rather than submit the intended name change, filed for a new entity. That entity, Z29, LLC under Document # L15000032493, has been dissolved and there is not now or in the future any intention of revoking that dissolution.

Should you have any questions regarding the Articles of Amendment enclosed, please do not hesitate to contact me at (727) 800-5980.

Sincerely,



Jonathan S. Coleman
Managing Member

Encl.s
(Amendment; \$30 fee)

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TALLAHASSEE, FLORIDA

KerbyCo, LLC

Page 1 of 3

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>
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 TALLAHASSEE, FLORIDA

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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 February 24, 2015



Signature of a member or authorized representative of a member

Jonathan S. Coleman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA