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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Office of  
TALLAHASSEE, FL

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D. BRUCE  
OCT 05 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEHLENBACHER INVESTMENTS 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:

MICHAEL HEATH

Name of Person

LAW OFFICES OF MICHAEL J HEATH, PA

Firm/Company

167 108TH AVE

Address

TREASURE ISLAND, FL 33706

City/State and Zip Code

AnnaIrenaPtak@gmail.com

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

For further information concerning this matter, please call:

Brittany Chobey

Name of Person

at ( 727 )

Area Code

360-2771

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

OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FL

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## MEHLENBACHER INVESTMENTS LLC

**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>
MGR	ROBERT CIUS	348 CORONADO DR.	<input type="checkbox"/> Add
		CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNA I. PTAK	641 BAY ESPLANADE	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33767	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2000  
TALLAHASSEE, FL

ALL MASS. F.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

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.

Dated 12<sup>th</sup> of August, 2020.

Signature of a member or authorized representative of a member

MICHAŁ KOCIOLEK

Typed or printed name of signee

**Filing Fee: \$25.00**