

L17 000 104023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

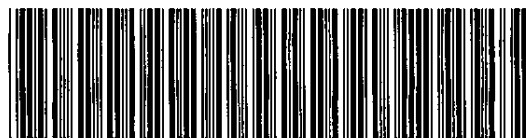
(Business Entity Name)

(Document Number)

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

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14 JAN 31 PM 2:34  
TALLAHASSEE, FLORIDA  
FEB 04 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alena Companies, 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:

William R. Huseman

Name of Person

William R. Huseman, PA

Firm/Company

7335 W Sand Lake Road, Suite 390

Address

Orlando, Florida 32819

City/State and Zip Code

whuseman@jaxattys.com

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

For further information concerning this matter, please call:

William R Huseman

Name of Person

at 321 558-7116

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

Alena Companies, LLC

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

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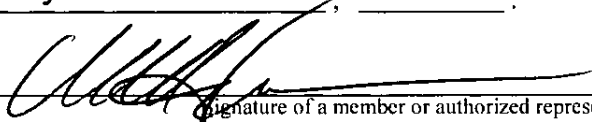
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 January 29, 2014

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

**William R Huseman**

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

**Page 3 of 3**  
**Filing Fee: \$25.00**

16 JAN 31 PM 2:26  
TALLAHASSEE, FL 32399  
STATE OF FLORIDA  
DEPARTMENT OF STATE