

L 130000105277

(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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2013 AUG 15 AM 8:55
STATE OF ARIZONA

J. SAULSBERRY
EXAMINER
AUG 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **F3 Enterprises, 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:

Donna Fenchel

Name of Person

F3 Enterprises, LLC

Firm/Company

1121 Kingsland Ct

Address

Jacksonville, FL 32259

City/State and Zip Code

donnafenchel@gmail.com

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

For further information concerning this matter, please call:

Donna Fenchel

Name of Person

at (**904**) **631-9215**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

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CLERK

Page 1 of 3

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:

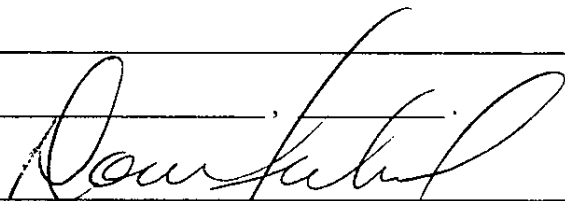
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|--------------------------|--|
| MGRM | Terry Moore | 10313 Marble Egret Drive | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32257 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |

2012 JUN 15 AM 8:55
OFFICE OF STATE
CLERK
JACKSONVILLE, FL 32203

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

Dated _____



Signature of a member or authorized representative of a member

Donna Fenchel

Typed or printed name of signee

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Filing Fee: \$25.00

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FBI - NEW YORK
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