

L13000120611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

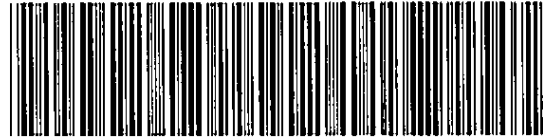
(Business Entity Name)

(Document Number)

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04/29/20--01018--027 **25.00

2020 APR 29 AM 9:37

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

Col
5/14/20

LAW OFFICES
ALLEY, MAASS, ROGERS & LINDSAY, P.A.

340 ROYAL POINCIANA WAY, SUITE 321

POST OFFICE BOX 431

PALM BEACH, FLORIDA 33480-0431

(561) 659-1770

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WWW.AMRL.COM

RAYMOND C. ALLEY (1893-1975)
HAROLD G. MAASS (1923-2006)
DOYLE ROGERS (1928-2016)
KAREN S. MARX (1964-1994)

1331 SE OCEAN BOULEVARD
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ALAN LINDSAY
DAVID H. BAKER
WILLIAM W. ATTERBURY III
LOUIS L. HAMBY III
ROBB R. MAASS
M. TIMOTHY HANLON
WARREN D. HAYES, SR.
STUART J. HAFT
CAROL S. WAXLER
CATHERINE KENT
BRUCE A. McALLISTER
DAVID R. MAASS
CHRISTINE BIALCZAK
WARREN D. HAYES, JR.
NICOLE K. MAASS
LAURA B. KNOLL



April 28, 2020

SENT VIA FEDEX

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

Re: Wilton Payments LLC
Belgravia Investments LLC

Dear Sir or Madam:

Enclosed please find the following for filing:

1. Articles of Amendment for Wilton Payments LLC and a check for \$25.00 for the filing fee; and
2. Articles of Amendment for Belgravia Investments LLC and a check for \$25.00 for the filing fee.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Courtney Lyne'.

Courtney Lyne
Florida Registered Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wilton Payments 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:

M. Timothy Hanlon

Name of Person

Alley, Maass, Rogers & Lindsay, P.A.

Firm/Company

340 Royal Poinciana Way, Suite 321

Address

Palm Beach, FL 33480

City/State and Zip Code

clync@amrl.com

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

For further information concerning this matter, please call:

Courtney Lyne

561

804-4606

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Wilton Payments LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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.

M. Betty Helms, Authorized Representative
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00