

L13000 120 649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

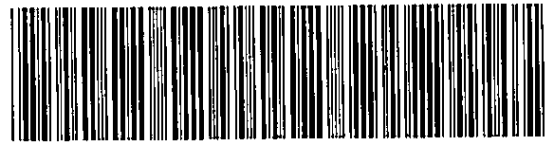
(Business Entity Name)

(Document Number)

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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

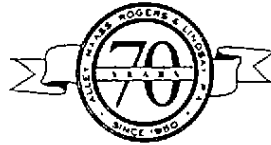
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WWW.AMRL.COM

RAYMOND C. ALLEY (1893-1975)  
HAROLD G. MAASS (1923-2006)  
DOYLE ROGERS (1928-2016)  
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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.  
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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,

Courtney Lyne  
Florida Registered Paralegal

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Belgravia 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:

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

elyne@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:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
P.T.S	Christopher O'Neill	c/o AMRL, 340 Royal Poinciana Way, Suite 321	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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