

L13000153269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263733213

09/02/14--01055--016 **25.00

FILED
2014 SEP - 2 P 2:21
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

B. BOSTICK

SEP 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZTEC PROPERTY 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:

BILL PHILLIPS

Name of Person

AZTEC PROPERTY ENTERPRISES, LLC

Firm/Company

244 AZTEC DRIVE

Address

WINTER SPRINGS, FLORIDA 32708

City/State and Zip Code

billphills@gmail.com

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

For further information concerning this matter, please call:

BILL PHILLIPS

Name of Person

at (407) 782-7020

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2014 SEP - 2 PM 2:27

FILED

AZTEC PROPERTY ENTERPRISES, LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

Page 1 of 3

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	SHARON K. BISHOP	2965 HARVEST LANE	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<input checked="" type="checkbox"/> Remove

MGRM	JAMES T. McFadzean	1120 W. ROBERTS ST.	<input checked="" type="checkbox"/> Add
		ORANGE CITY, FL 32763	<input type="checkbox"/> Remove

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

FILED
SEP - 2 2009
COUNTY OF FLORIDA
CLERK OF CIRCUIT COURT

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

E. Effective date, if other than the date of filing: SEPTEMBER 1, 2014 (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 8/28/14

Billy Phillips
Signature of a member or authorized representative of a member

PHILLIPS, BILLY C Registered Agent & MGRM
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP - 2 P 2:21
FLORIDA DEPARTMENT OF STATE