

L13000169223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

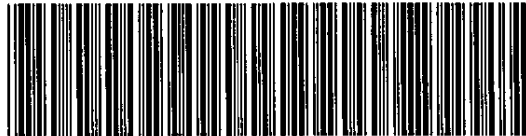
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 29 P 2:25

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AUG 30 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

PeloGenix, LLC

SUBJECT: _____
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:

Mark R. Wardell

Name of Person

PeloGenix, LLC

Firm/Company

8830 Spring Mountain Way

Address

Fort Myers, FL 33908

City/State and Zip Code

mrwardell@comcast.net

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

For further information concerning this matter, please call:

Mark R. Wardell

239

938-5116

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/COURIER ADDRESS:

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

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2016 AUG 29 PM 2:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
AMBR	Kenneth A. Sabacinski, DPM	11890 NW 4th Street,	<input type="checkbox"/> Add
		Plantation, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diana L. Sabacinski	11890 NW 4th Street,	<input type="checkbox"/> Add
		Plantation, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

2016 AUG 29 12 26
SIDNEY AUSTIN
TALLAHASSEE FLORIDA

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2016 AUG 29 10 21 26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 24, 2016

M. R. Wandell.
Signature of a member or authorized representative of a member

Mark R. Wardell

Typed or printed name of signee