

L17 000 169854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

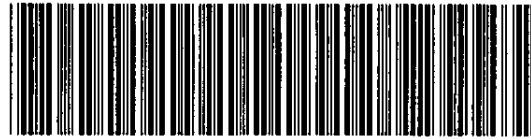
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 13 AM 11:48
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William F Kraus III	2226 NE 26th St	<input type="checkbox"/> Add
		Cape Coral, Fl 33909	<input checked="" type="checkbox"/> Remove
MGR	William F Kraus IV	2226 NE 26th ST	<input type="checkbox"/> Add
		Cape Coral Fl 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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18 AUG 13 4:11:48 PM
 TALLAHASSEE, FLORIDA
 18 AUG 13 4:11:48 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FETCHIN SOUTHWEST CHARTERS "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:

William F Kraus III

Name of Person

Firm/Company

2226 NE 26th St

Address

Cape Coral FL 33909

City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM F KRAUS III

Name of Person

at **(239) 699-7461**

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

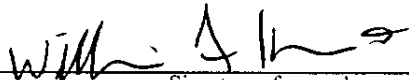
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: _____ (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 August 11, 2014



Signature of a member or authorized representative of a member

WILLIAM F KRAUS III

Typed or printed name of signee

14 AUG 13 AM 11:48
TALLAHASSEE, FLORIDA
FILED