

L13000171760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

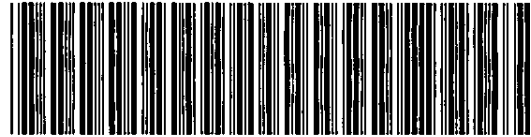
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULIA A. SULLIVAN

MAR 27 2014

D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Guana Partners, 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:

Holly R. Helsel

Name of Person

Guana Partners, LLC

Firm/Company

4738 Casa Cola Way

Address

St. Augustine Florida 32095

City/State and Zip Code

guanapartners@guanamarinavillage.com

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

For further information concerning this matter, please call:

Holly R. Helsel

Name of Person

at 305 396-9025

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

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Guana Partners, LLC

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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>
<u>Mgr</u>	<u>Holly R. Helsel</u>	<u>30 Kaywood Place</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Coast, FL 32164</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Brandy R. Bass-Haffner</u>	<u>131 N PALMETTO AVE</u>	<input checked="" type="checkbox"/> Add
		<u>FLAGLER BEACH, FL 32136</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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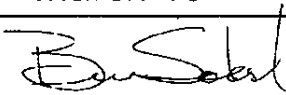
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 March 19, 2014



Signature of a member or authorized representative of a member

President, GUANA MARINA MANAGEMENT, INC. Managing member

Typed or printed name of signer

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Filing Fee: \$25.00

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