

L14000015322

(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



100265526861

12/08/14--01023--003 **25.00

FILED
14 DEC -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zendog Divers, 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:

Anna Blevins

Name of Person

Firm/Company

2514 Regal River Road

Address

Valrico, Florida 33596

City/State and Zip Code

anna@adventuretampa.com

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

For further information concerning this matter, please call:

Anna Blevins

813 832-6669
at ()
Area Code Daytime Telephone Number

Name of Person

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

Zendog Divers, LLC

Page 1 of 3

SECRETARY OF STATE
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>
AMBR	Alexander Blevins	5215 S. Westshore Blvd.	☒ Add
		Tampa, Florida 33611	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

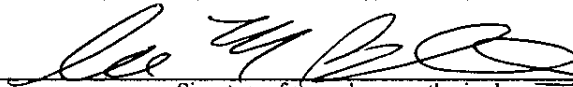
FILED
 14 DEC - 8 AM 10:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 December 5, 2014



Signature of a member or authorized representative of a member

Anna Blevins

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 DEC -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA