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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014

1 CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moecker Realty Auctions 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:

Michael Phelan

Name of Person

Michael Moecker & Associates

Firm/Company

3613 N 29th Ave

Address

Hollywood, FL 33020

City/State and Zip Code

mphelan@moecker.com

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

For further information concerning this matter, please call:

Michael Phelan

Name of Person

at 954 252-1560

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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>
MGR	Philip von Kahle	3613 N 29th Ave	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
MGR	Jack Keith Kidwell	3613 N 29th Ave	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ST. JOHNS COUNTY
FLORIDA

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

FEIN 46-4654942

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 14, 2014



Signature of a member or authorized representative of a member

Michael Phelan

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA