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J. Shivers FEB 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neptune Marine Care 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:

Bandy Whitesides
Name of Person

Neptune Marine Care LLC
Firm/Company

94401 Overseas Hwy Suite 201
Address

Tavernier, FL 33070
City/State and Zip Code

Randywhitesides@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margie Whisenhunt at (305) 853-9400
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

Neptune Marine Care LLC

Page 1 of 3

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

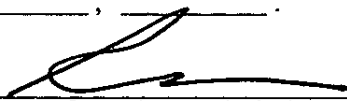
Correct: FROM
AMBA Whitesides, Whitesides D

To:
Whitesides, Randy D

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 2-19-14


Signature of a member or authorized representative of a member

Randy D. Whitesides
Typed or printed name of signee

FILED
14 FEB 24 PM 12:18
TALLAHASSEE, FLORIDA