

L 14 0000 30420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

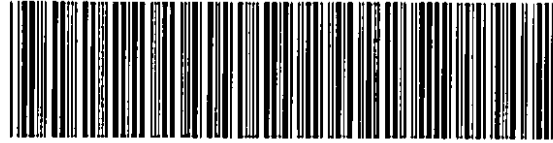
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 21 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SULKER  
NOV 08 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1723 COMARES, 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:

AMY MARIE VO, ESQ.

Name of Person

ST. JOHNS LAW GROUP

Firm/Company

104 SEA GROVE MAIN STREET

Address

ST. AUGUSTINE, FLORIDA 32080

City/State and Zip Code

AVO@SJLAWGROUP.COM

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

For further information concerning this matter, please call:

AMY MARIE VO

904 495-0400

at ( )

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

## 1723 COMARES, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	CALHOUN FAMILY INVESTMENTS LLC	<del>3900 E. VILLA WAY</del>	<input type="checkbox"/> Add
		<del>SPRINGFIELD, MO 65809</del>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN A. CALHOUN	<del>3900 E. VILLA WAY</del>	
		20 FIDDLERS TRAIL	<input checked="" type="checkbox"/> Add
		<del>SPRINGFIELD, MO 65809</del>	
		ROBES, ARK 72728	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN F. YOUNGBLOOD REVOCABLE TRUST	5744 CASTLEBAY DRIVE	<input type="checkbox"/> Add
		SPRINGFIELD, MO 65809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN F. YOUNGBLOOD	5744 CASTLEBAY DRIVE	<input checked="" type="checkbox"/> Add
		SPRINGFIELD, MO 65809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cortez Water, LLC	912 Ocean Palm Way	
		St. Augustine, FL, 32080	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 10-14 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN F. YOUNGBLOOD  
\_\_\_\_\_  
Typed or printed name of signee