

L14000046572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

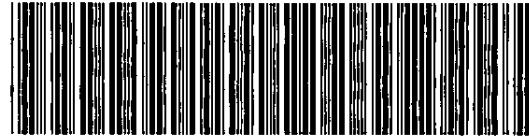
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/14--01016--021 **25.00

2014 MAY 29 PM 3:23

B. BOSTICK

MAY - 6 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 101FSTREET 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:

Franklyn D. O'Rourke

Name of Person

Firm/Company

PO Box 840111

Address

St Augustine FL 32080

City/State and Zip Code

fdorourke@gmail.com

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

For further information concerning this matter, please call:

Franklyn D O'Rourke

Name of Person

at **904 806-3063**

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

101FSTREET 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

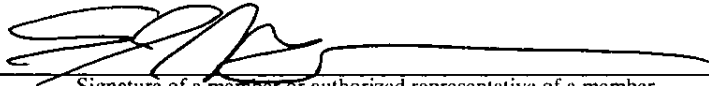
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Susan M Gregory	101 F Street	<input type="checkbox"/> Add
		St Augustine FL 32080	<input checked="" type="checkbox"/> Remove
AMBR	Franklyn D O'Rourke	PO Box 840111	<input checked="" type="checkbox"/> Add
		St Augustine FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 April 28, 2014



Signature of a member or authorized representative of a member

SUSAN JANE MITCHELL GREGORT

Typed or printed name of signee

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Filing Fee: \$25.00

2014 APR 29 5:23