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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

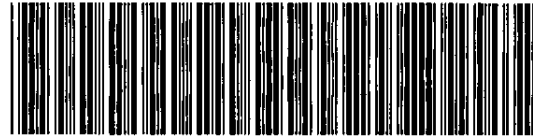
(Business Entity Name)

(Document Number)

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J. Shivers JUN 10 2014

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STURTECKY INVESTMENTS 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:

RONALD J. STURTECKY

Name of Person

Firm/Company

4957 VILEROY ST.

Address

CAPE CORAL, FL. 33904

City/State and Zip Code

SILVERAIRO@GMAIL.COM

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

For further information concerning this matter, please call:

RONALD J. STURTECKY

Name of Person

at ( 239 )

Area Code

878 9858

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



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>
<u>M</u>	<u>ADVANTA IRA TRUST LLC</u>	<u>1520 ROYAL PALM</u>	<input type="checkbox"/> Add
		<u>SQ BLVD 320</u>	<input checked="" type="checkbox"/> Remove
		<u>FORT MYERS, FL 33919</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 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 MAY 30, 2014.



Signature of a member or authorized representative of a member

RONALD J. STURTECKY

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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STATE  
TALLAHASSEE, FLORIDA