

L14000060710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

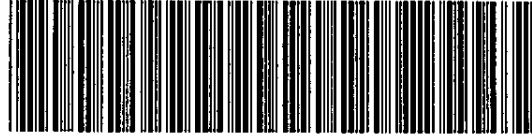
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MAR 25 2015
D. PRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNNY CHIMPO II, 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:

Casey Wilson

Name of Person

Ascentia FE, LLC

Firm/Company

301 W. Platt Street, #346

Address

Tampa, FL 33606

City/State and Zip Code

ph@ascentiafe.com

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

For further information concerning this matter, please call:

Casey Wilson

at (813)

448-6558

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

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TALLAHASSEE FLORIDA

FILE
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MILWAUKEE FIELD OFFICE
the name of the new

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> |
|--------------|---------------|--------------------------------|---|
| MBR | Patti Siltala | 301 W. Platt Street, Suite 346 | <input checked="" type="checkbox"/> Add |
| | | Tampa, FL 33606 | <input type="checkbox"/> Remove |
| MBR | Kelsi Sjoberg | 301 W. Platt Street, Suite 345 | <input checked="" type="checkbox"/> Add |
| | | Tampa, FL 33606 | <input type="checkbox"/> Remove |
| | | | <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.)*

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 March 5, 2015



Signature of a member or authorized representative of a member

Casey Wilson, Authorized Representative

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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