

LI4 0000 66149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

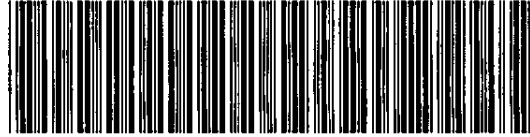
(Business Entity Name)

(Document Number)

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

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

Shivers FEB 19 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Enstone Construction, 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:

Andrew Marcus

Name of Person

Enstone Construction, LLC

Firm/Company

477 Commerce Way, Suite 103

Address

Longwood, Florida 32750

City/State and Zip Code

andy.marcus@enstonegroup.com

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

For further information concerning this matter, please call:

Andrew Marcus

321

388-2055

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

**Enstone Construction, 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>
MGR	RZMGM1, LLC	477 Commerce Way, Suite 103	<input type="checkbox"/> Add
		Longwood, Florida 32750	<input checked="" type="checkbox"/> Remove
MGR	RMGM1, LLC	477 Commerce Way, Suite 103	<input checked="" type="checkbox"/> Add
		Longwood, Florida 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALACHUA COUNTY, FLORIDA

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

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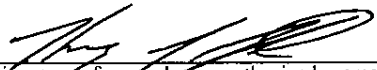
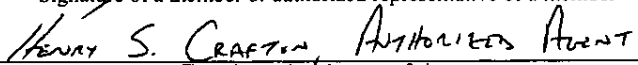
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 \_\_\_\_\_, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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