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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

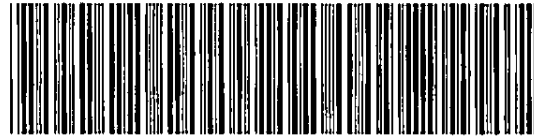
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cawthon Family Properties, 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:

Genevieve C. Rosenberg
Name of Person

Cawthon Family Properties, LLC
Firm/Company

2504 Harriman Circle
Address

Tallahassee, FL 32308
City/State and Zip Code

gennyrosenberg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Genevieve Rosenberg at (850) 339-8093
Name of Person 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

Cawthon Family Properties, LLC

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Registered Agent

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>
AMBR	Henri C. Cawthon	604 SW 43 rd Terrace	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Simon C. Rosenberg	480 Clair Drive	<input checked="" type="checkbox"/> Add
		Pittsburgh, PA 15241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal blue lines across its width. The left edge of the page has a vertical margin line, creating a narrow left margin. There are no markings, text, or illustrations on the page other than the printed lines.

E. Effective date, if other than the date of filing: July 24, 2017 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated August 8, 2017.

CCRP

Signature of a member or authorized representative of a member

Genevieve C. Rosenberg

Typed or printed name of signee

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