

L14 000076430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

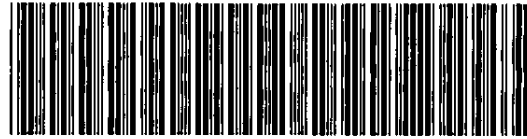
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400260553074

05/28/14--01016--002 **25.00

2014 MAY 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2014

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elightened Strain Holdings 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:

Ryan Scotson

Name of Person

Elightened Strain Holdings

Firm/Company

4606 Woodlands Village Drive

Address

Orlando, FL 32835

City/State and Zip Code

mcsquared.florida@gmail.com

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

For further information concerning this matter, please call:

Ryan Scotson

Name of Person

at **(321) 297-8960**

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

FILED
2014 MAY 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Richard A. Furman	P.O. BOX 3505 WINTER PARK, FL 32790	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Richard A. Furman	P.O. BOX 3505 WINTER PARK, FL 32790	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2019 MAY 28 AM 9:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

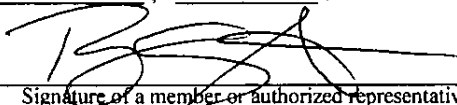
FILED

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 May 27th, 2014



Signature of a member or authorized representative of a member

Ryan Scotson

Typed or printed name of signee

2014 MAY 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA