

L44000077130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

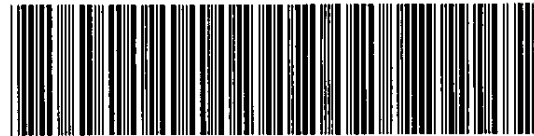
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 24 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Walls for the Winds 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:

Darby L McElravy

Name of Person

Firm/Company

4915 Rattlesnake Hammock Rd St 204

Address

Naples, FL 34113

City/State and Zip Code

darby.mcelravy@gmail.com

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

For further information concerning this matter, please call:

Darby McElravy

239 776-6980

Name of Person

at (_____)_____
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

Walls for the Winds Properties LLC

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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	Chad Reott	4915 Rattlesnake Hammock Rd	☒ Add
		Ste 204	☐ Remove
		Naples, FL 34113	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

4915 Rattlesnake Hammock Rd

Ste 204

Naples, FL 34113

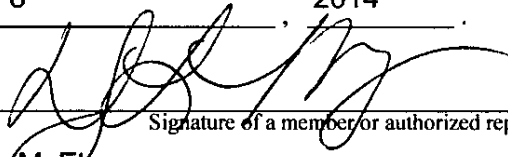
Above address is to update: Principal Address, Mailing Address, Registered

Agent Address, and Authorized Person for Darby L McElravy

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 November 8, 2014



Signature of a member or authorized representative of a member

Darby L McElravy

Typed or printed name of signer