

L14 0000 78347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

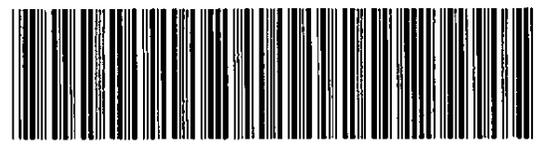
(Business Entity Name)

(Document Number)

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14 JUL 23 11 21 AM '14
STATE OF MISSISSIPPI
RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1960 BAYSHORE MMMA, 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:

ANTHONY W. MITCHELL
Name of Person

1960 BAYSHORE MMMA LLC
Firm/Company

1960 BAYSHORE BLVD
Address

Dunedin, FL 34698
City/State and Zip Code

tony.mitchell@aiaexam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY W. MITCHELL at (727) 244-3736
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

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>
AMBR	Melanie Mitchell	8154 Visconti DR. Salt Lake City UT 84093	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Melisa Pugh	10170 Rarity Ave Las Vegas, Nevada 89135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Aimee Howe	1973 Justin Park Dr. Sandy, Utah 84092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	ANTHONY MITCHELL	533 BAYWOOD DR Dunedin FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

PLEASE ADD
EMPLOYER IDENTIFICATION NUMBER
32-0440543

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 7-23-14, _____

Anthony W. Mitchell
Signature of a member or authorized representative of a member

ANTHONY W. MITCHELL
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

14 JUL 29 8:49 AM '14
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA