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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

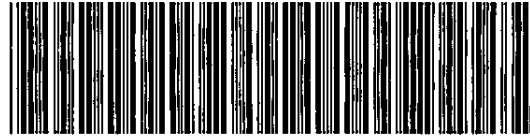
(Business Entity Name)

(Document Number)

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14 JUN 23 PM 3:17
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **South Walton Outdoor, 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:

Nancy Olivotti

Name of Person

South Walton Outdoor, LLC.

Firm/Company

40B Jacksons Run

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

southwaltonoutdoor@gmail.com

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

For further information concerning this matter, please call:

Nancy Olivotti

Name of Person

at **256 665-7593**

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

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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>
AMBR	James Kelly	122 Seascape Drive Unit 1110	<input type="checkbox"/> Add
		Miramar Beach, FL 32550	<input checked="" type="checkbox"/> Remove
AMBR	Donna Kelly	122 Seascape Drive Unit 1110	<input type="checkbox"/> Add
		Miramar Beach, FL 32550	<input checked="" type="checkbox"/> Remove
AMBR	Mitchell Bryan	40B Jacksons Run	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<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

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 _____, _____.

Nancy Olivotti

Signature of a member or authorized representative of a member

Nancy Olivotti

Typed or printed name of signee

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Filing Fee: \$25.00

14 JUN 23 PM 3:17
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA