

L14000089132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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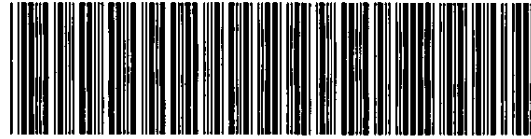
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE. Guitton SEP - 4 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAGE ONE PROPERTY MANAGEMENT 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:

PEDRO FERNANDEZ SALVADOR

Name of Person

PAGE ONE PROPERTY MANAGEMENT LLC

Firm/Company

PO BOX 2386

Address

WINDERMERE, FL 34786

City/State and Zip Code

pedro@fernandezsalvador.com

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

For further information concerning this matter, please call:

PEDRO FERNANDEZ SALVADOR at **321** **987-0764**
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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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>
SECY	STEVEN SARGENT	PO BOX 2386	☒ Add
		WINDERMERE, FL 34786	☐ Remove
			☐ 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.)*

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

Aug. 22, 2014

Pedro Fernandez Salvador

Signature of a member or authorized representative of a member

PEDRO FERNANDEZ SALVADOR

Typed or printed name of signee

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Filing Fee: \$25.00

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