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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR PILLARS INVESTMENT GROUP, 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:

ADRIAN SMERTCOV
Name of Person

FOUR PILLARS INVESTMENT GROUP, LLC
Firm/Company

824 S. DAVIS BLVD
Address

TAMPA FL, 33606
City/State and Zip Code

ASMERTCOV@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN SMERTCOV at (813) 841-9889
Name of Person 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

FOUR PILLARS INVESTMENT GROUP 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>
AMBR	ASKAR, ANWAR	8327 ARCHWOOD CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33615	<input type="checkbox"/> Remove
AMBR	SMERTCOV, ADRIAN	824 S. DAVIS BLVD.	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33606	<input type="checkbox"/> Remove
AMBR	SMITH, JAMES M.	609 S. WILLOW AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33606	<input type="checkbox"/> Remove
AMBR	SALLOUM, ISSA	8316 ARCHWOOD CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

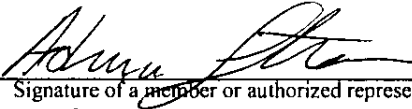
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The name of member SMERTCOV, ADRIAN was wrong "ADREAN" and that needs to be changed to "ADRIAN". Also, the zip code for: ASKAR, ANWAR was wrong "33515", that needs to be changed to "33615".

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 JULY 22, 2014, _____.



Signature of a member or authorized representative of a member

ADRIAN SMERTCOV

Typed or printed name of signee