

L14000120821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

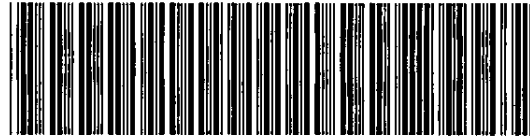
(Business Entity Name)

(Document Number)

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G. HARVEY  
DEC 08  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOTAL DEVELOPMENT, 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:

CLYDE JOHNSON

Name of Person

TOTAL DEVELOPMENT, LLC

Firm/Company

1330 82ND DRIVE S.

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

CLYDE.JOHNSON@TOTALDEVELOPMENTLLC.COM

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

For further information concerning this matter, please call:

CLYDE JOHNSON

561 308-0612  
at ( )

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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## TOTAL DEVELOPMENT, 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         | ROBERT MALCOLM | 3600 S STATE RD 7, SUITE 232    | <input type="checkbox"/> Add               |
|              |                | MIRAMAR, FL 33023               | <input checked="" type="checkbox"/> Remove |
| AMBR         | LEROY GORDON   | 13370 DANIELS LANDING CIRCLE    | <input type="checkbox"/> Add               |
|              |                | WINTER GARDEN, FL 34787 US      | <input checked="" type="checkbox"/> Remove |
| AMBR         | OWEN DIXON     | 9960 PINEAPPLE TREE DRIVE, #103 | <input type="checkbox"/> Add               |
|              |                | BOYNTON BEACH, FL 33436 US      | <input checked="" 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            |

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

PLEASE REMOVE THE FOLLOWING MEMBERS:

- ROBERT MALCOLM

- LEROY GORDON

- OWEN DIXON

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 22, 2014

*Clyde E. Johnson*

Signature of a member or authorized representative of a member

CLYDE E JOHNSON

Typed or printed name of signee

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Filing Fee: \$25.00

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