

L14000 136200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

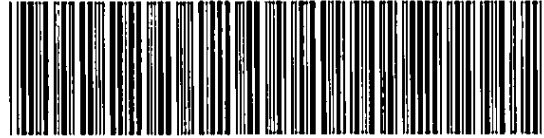
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

002 60 130  
OCT 09 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROLO 4 CORNERS 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:

SIMON B HOWELL

\_\_\_\_\_  
Name of Person

HOWELL INTERNATIONAL TAX

\_\_\_\_\_  
Firm/Company

8701 W IRLO BRONSON MEMORIAL HWY, SUITE 100

\_\_\_\_\_  
Address

KISSIMMEE, FLORIDA 34747

\_\_\_\_\_  
City/State and Zip Code

EMMA.HOWELL@HOWELLINTERNATIONALTAX.COM

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

For further information concerning this matter, please call:

SIMON B HOWELL

407

245-7600

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	GRAHAM WALSH	109 AMBERSWEET WAY	<input type="checkbox"/> Add
		UNIT 302	<input checked="" type="checkbox"/> Remove
		DAVENPORT, FLORIDA 33897	<input type="checkbox"/> Change
MGR	GRAHAM WALSH	109 AMBERSWEET WAY	<input checked="" type="checkbox"/> Add
		UNIT 302	<input type="checkbox"/> Remove
		DAVENPORT, FLORIDA 33897	<input type="checkbox"/> Change
MGR	EDWIN SMITH	109 AMBERSWEET WAY	<input checked="" type="checkbox"/> Add
		UNIT 302	<input type="checkbox"/> Remove
		DAVENPORT, FLORIDA 33897	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SIMON B HOWELL  
\_\_\_\_\_  
Typed or printed name of signee