

L14 000162427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

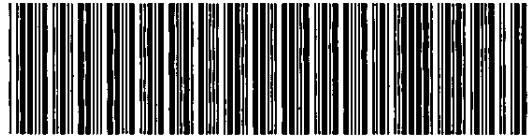
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Manatee AMI, 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:

William B. Scovill, Esquire

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

Bart Scovill, PLC

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

5104 N. Lockwood Ridge Road, Ste 102

\_\_\_\_\_  
Address

Sarasota, FL 34234

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

Bettina@Scovills.com

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

For further information concerning this matter, please call:

William B. Scovill

at ( 941 ) 365-2253

\_\_\_\_\_  
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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Zip Code 20520  
to comply with t

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	Olaf Krause	5104 N. Lockwood Ridge Road	<input type="checkbox"/> Add
		Suite 102	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34234	
AMBR	Marissa N. Meise-Krause	5104 N. Lockwood Ridge Road	<input type="checkbox"/> Add
		Suite 102	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34234	
AMBR	OK Group, LLC	5104 N. Lockwood Ridge Road	<input checked="" type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		Sarasota, FL 34234	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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.)*

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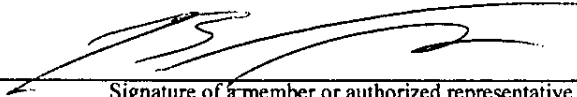
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 October 27, 2014



Signature of a member or authorized representative of a member

William B. Scovill

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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