

L15000020764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 4 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phyllis & Kenneth  
Goodman 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:

Phyllis Goodman  
Name of Person

Phyllis & Kenneth Goodman LLC  
Firm/Company

P. O. Box 9842  
Address

JACKSONVILLE FL 32209  
City/State and Zip Code

phyllrc@ddl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Goodman at (904) 444 2138  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2015

PHYLLIS GOODMAN  
P O BOX 9842  
JACKSONVILLE, FL 32209

SUBJECT: PHYLLIS & KENNETH GOODMAN INS., LLC  
Ref. Number: L15000020764

We have received your document for PHYLLIS & KENNETH GOODMAN INS., LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have 1 LLC name.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 215A00003927

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DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

## Phyllis &amp; Kenneth Goodman, Ins., LLC

Page 1 of 3

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>
NA			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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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 3/2/, 2015

Phyllis Goodman Kenneth G. Goodman  
Signature of a member or authorized representative of a member

Phyllis Goodman, Kenneth G. Goodman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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