

L15 0000 43949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

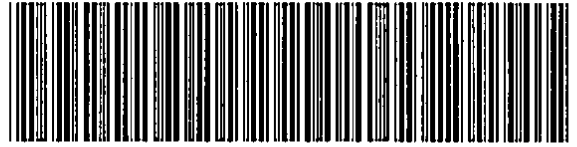
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AUG 19 2019

2019 AUG 19 PM 5:54

FILED

C. GOLDEN

AUG 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUBTILIS, 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:

FRANCISCO GOMEZ

Name of Person

SUBTILIS, LLC

Firm/Company

638 103 AVE NORTH

Address

NAPLES, FL 34108

City/State and Zip Code

ALLINIJOSE@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO GOMEZ

239

273-5829

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

ED

2019 AUG 19 PM 5:5

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

NAPLES, FL 34108

NAPLES, FL 34108

Zip Code

Page 1 of 3

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	JAMES LOVE	8109 DAHLIA DR #1306	<input type="checkbox"/> Add
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	FRANCISCO GOMEZ	P.O.BOX 112125	<input type="checkbox"/> Add
		NAPLES FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	FRANCISCO GOMEZ	638 103 AVE NORTH	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34108	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signature of a member or authorized representative of a member

Typed or printed name of signee