

L15000061525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 APR -3 PM 5:28

TALLAHASSEE FLORIDA

Office Use Only



800296944058

04/04/17--01006--006 **25.00

FILED

011 APR -3 P 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 04 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Init Weather, 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:

Leela Watson

Name of Person

Init Weather, LLC

Firm/Company

128 Pelican Dr.

Address

Melbourne Beach, FL 32951

City/State and Zip Code

leela@initwx.com

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

For further information concerning this matter, please call:

Leela Watson

321 327-4646
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

FILED
NEW REGISTERED AGENT
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
017 APR - 3 P 3:06

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

017 APR - 3 3006
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

[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.

Dated March 29, 2017

Signature of a member

Signature of a member or authorized representative of a member

Leela Watson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
017 APR -3 P 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA