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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST STREET VENTURES 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:

LORI L. LARGE
Name of Person
FIRST STREET VENTURES LLC
Firm/Company
2250 FIRST ST.
Address
FT. MYERS, FL. 33901
City/State and Zip Code
LD LARGE61@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI L. LARGE at (239) 462-8664
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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TALLAHASSEE, FL 32301

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FIRST STREET VENTURES LLC

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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>
MGR	DAVID RENAUD	1583 Cumberland Ct	<input type="checkbox"/> Add
		Ft MYERS, FL. 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID LARGE	1901 CLIFFORD St #201	<input type="checkbox"/> Add
		Ft. MYERS, FL. 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRICIA L. DAVIS	4210 N.E. 23rd PL	<input checked="" type="checkbox"/> Add
		Cape Coral, FL	<input type="checkbox"/> Remove
		33909	<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

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

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

(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)

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.

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.

Dated

Oct 15, 2015

Lori L. Large
Signature of a member or author

Signature of a member or authorized representative of a member

Lori L. Large

Typed or printed name of signee

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