

L15 000068932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

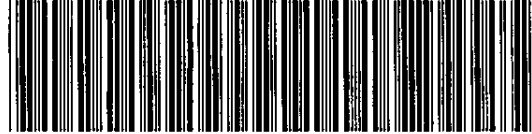
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CUNGER MAY - 5 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Bistro, 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:

CAMERON D. WILSON

Name of Person

Firm/Company

12060 MANLOW LANE

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

CAMERON D WILSON @ GMAIL.COM

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

For further information concerning this matter, please call:

CAMERON WILSON

Name of Person

at (801)

Area Code

209-9488

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

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	Cameron D. Wilson	12060 MARLDON LANE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input 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.)*

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 April 21, 2015



Signature of a member or authorized representative of a member

Cameron D. Wilson

Typed or printed name of signee

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Filing Fee: \$25.00

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