

L15000 101384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

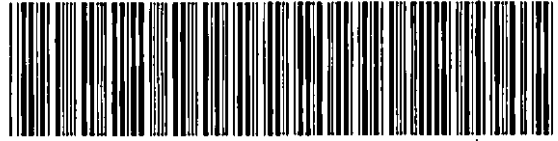
(Business Entity Name)

(Document Number)

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O. SIMMONS

OCT 24 2017

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

MJ EVERS INVESTMENTS, LLC

SUBJECT: \_\_\_\_\_  
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:

MARY EVERS STALVEY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1675 MCGREGOR RESERVE DRIVE

\_\_\_\_\_  
Address

FORT MYERS, FL 33901

\_\_\_\_\_  
City/State and Zip Code

STALVEYMARY@YMAIL.COM

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

For further information concerning this matter, please call:

MARY EVERS STALVEY

239 910-7789

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

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OCT 23 AM 11:19  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA  
SAN FRANCISCO

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	LINDSAY K STALVEY	1675 MCGREGOR RESERVE DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDSAY K STALVEY	1675 MCGREGOR RESERVE DR	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARY EVERS STALVEY	1675 MCGREGOR RESERVE DR	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 OCT 23 AM 11:16  
DIVISION

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Division of  
Public Health

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17 OCT 23 AM 11:18  
DIVISION 11

**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 OCTOBER 18 2015

Mary Evers Staley  
Signature of a member or authorized representative of a member

MARY EVERS STALVEY

Typed or printed name of signee