

L15000102749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

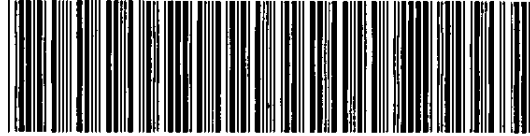
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500275957065

08/24/15--01031--010 \*\*60.00

11:30  
15 AUG 24 PM 5:34  
CLERK OF COURT  
JUDICIAL OFFICE, FLORIDA

AUG 26 2015

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Your Time Distress Property Investment, 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:

Constantina Weston

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

Your Time Distress Property Investment, LLC

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

16707 NW 20th Street

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

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

cwestonhomes@gmail.com

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

For further information concerning this matter, please call:

Constantina Weston

954 867-8905  
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

## 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	Constantina Weston	16707 NW 20th Street	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Leroy Weston	16707 NW 20th Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" 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

11 AUG 2014  
POLICE  
PRO-34

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

15 AUG 24 PM 5:34  
CLASSIFIED

**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 August 19, 2015

Signature of a member or authorized representative of a member

Constantina Weston

Typed or printed name of signee