

L15000110250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

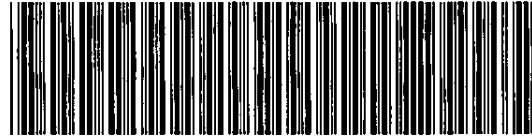
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMARANTH HOLDINGS 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:

NATALIE IRENE FORCIER

Name of Person

AMARANTH HOLDINGS LLC

Firm/Company

2109 E PALM AVE SUITE 204

Address

TAMPA, FL 33606

City/State and Zip Code

NATALIEFORCIER@ICLOUD.COM

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

For further information concerning this matter, please call:

NATALIE IRENE FORCIER

239 2970771
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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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	NATALIE IRENE FORCIER	2109 E PALM AVE SUITE 204	☐ Add
		TAMPA, FL 33605	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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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.

Dated NOVEMBER 11, 2016


Signature of a n
NATALIE IRENE FORCIER

Signature of a member or authorized representative of a member

NATALIE IRENE FORCIER

Typed or printed name of signee