

L15000174641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 25 2016

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gonnafly, 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:

Elysia M. Tucci

Name of Person

RMC Property Group

Firm/Company

8902 N Dale Mabry Hwy, Suite 200

Address

Tampa, Florida 33614

City/State and Zip Code

etucci@rmcpbg.com

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

For further information concerning this matter, please call:

Elysia M. Tucci

813 960-8154
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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Gonnafly, LLC

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>
MGRM	H-2 Investors, LLC	8902 N Dale Mabry Hwy, Ste 200	<input type="checkbox"/> Add
		Tampa, Florida 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JASL Partners Limited	8902 N Dale Mabry Hwy, Ste 200	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33614	<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

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SECRETARY OF STATE

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

16 OCT 24 PM 4:51

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TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:01

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 October 19, 2016

[Signature]

Mitchell F. Rice
Typed or printed name of signee

Typed or printed name of signee