

215000186123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/07/17--01029--011 **60.00

17 DEC -7 AM 9:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SILK DAY PROGRAM 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:

SACHA M. ROSA

Name of Person

SILK DAY PROGRAM LLC

Firm/Company

8073 MARSH CIRCLE

Address

LABELLE, FLORIDA 33935

City/State and Zip Code

AGNES_GEORGE@YAHOO.COM

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

For further information concerning this matter, please call:

SACHA M. ROSA

863

675-0230

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

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	CLINT DODDS	8073 MARSH CIRCLE	<input checked="" type="checkbox"/> Add
		LABELLE,FLORIDA 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

17 DEC - 7 AM 9:18

17 DEC - 7 AM 9:18

FILED
CLERK OF DISTRICT COURT
MILWAUKEE, WISCONSIN

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 NOVEMBER 13 2017

Agnes Todd
Signature of a member or authorized representative of a member

AGNES DODDS

Typed or printed name of signee