

L16000019333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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K. SALY
NOV 18 2016

FAIRWAY EXPRESS, LLC

6155 DORIS RD
BARTOW, FL 33830
T: 1-863-573-6484
F: 1-863-573-6432

PO BOX 166 16 FINSON RD
ST. ALBANS, ME 04971
T: 1-207-938-8203
F: 1-207-938-4058

F

Date: 11/10/2016

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TO

Name: *Sue McArthur*

Fax Number: *883-1205*

FROM

Name: *DAVE COHEN*

Contact Number: *207-355-5179*

SUBJECT

☐ Urgent

☐ Please Reply

Amendment

MESSAGE

*This is the required paperwork for Florida
Division of Corporations. Sent via mail
today.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairway Express 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:

DAVID W. COHEN

Name of Person

Fairway Express LLC

Firm/Company

6155 DORIS Rd

Address

Bartow FL 33830

City/State and Zip Code

dave@KOKLLC.NET

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

For further information concerning this matter, please call:

DAVID W. COHEN

Name of Person

at (207)

Area Code

938-8203 / 207-355-5179

Daytime Telephone Number

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17216 and assigned

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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>
AMBR	Jerry N Colby	73 Warren Hill Road, Palmyra Me	<input type="checkbox"/> Add
			<input checked="" 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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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

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 11/10/2016, _____

[Signature]

DAVID W COHEN

Typed or printed name of signee