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CLERK OF DISTRICT COURT  
HALL COUNTY, MISSOURI

K. SALY  
EXAMINER  
APR - 8

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ATLANTIC COAST CONSTRUCTION & MAINTENANCE 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:

ANYA JOHNSON

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

ATLANTIC COAST CONSTRUCTION & MAINTENANCE LLC

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

700 THIRD STREET, SUITE 101

\_\_\_\_\_  
Address

NEPTUNE BEACH, FL 32266

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

THERAPYCAREHH@GMAIL.COM

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

For further information concerning this matter, please call:

ANYA JOHNSON

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

904

566-4082

at (\_\_\_\_\_) \_\_\_\_\_

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

FILED  
2016 APR -7 PM 4:03  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
and assigned

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

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

*Zip Code*

## 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         | EVGENY CHERNYAK | 700 THIRD STREET, SUITE 101 | <input checked="" type="checkbox"/> Add    |
|              |                 | ROBERT A RAY, MGR           | <input checked="" type="checkbox"/> Remove |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input checked="" 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            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |

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JULIA HARRIS

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

**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 APRIL 4, 2016

*Amye Johnson*  
Signature of a member

Signature of a member or authorized representative of a member

ANYA JOHNSON

Typed or printed name of signee