

L16000059995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

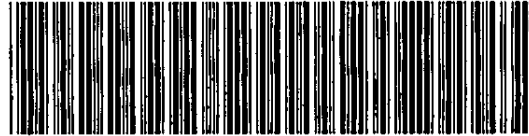
(Business Entity Name)

(Document Number)

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L16-59995
Amend + Nc

04/07/16--01012--005 **25.00

16 APR -7 PM 1:43
- DEPT OF STATE
TALLAHASSEE, FLORIDA

APR -8 2016
N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALERIE KENNEDY FAMILY INVESTMENTS, 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:

TIMOTHY J MURTY, ESQ

Name of Person

TIMOTHY J MURTY PA

Firm/Company

1633 PERIWINKLE WAY SUITE A

Address

SANIBEL FL 33957

City/State and Zip Code

TIMMURTY@ISLANDATTY.COM

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

For further information concerning this matter, please call:

TIMOTHY J MURTY ESQ

239 472-1000
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

16 APR - 7 PM 1:16

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

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>
MGR	VALERIE KENNEDY	10 MARION DR	<input type="checkbox"/> Add
		HOLMDEL, NJ 07733	<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
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10 APR - 7 PM 1:53
RECEIVED
OFFICE OF THE
CLERK OF SUPERIOR
COURT

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

16 APR -7 PM 1:43
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/15/01 BY SP1A/H

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)(h)

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 March 30, 2016

Valerie Kennedy
Signature of a member or authorized representative of a member

VALERIE KENNEDY

Typed or printed name of signer