

L16000095952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

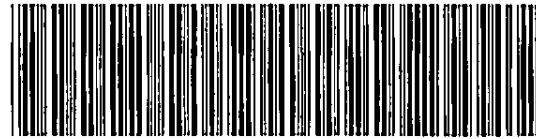
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JANUARY 11 2017

S. WARREN

AUG 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWFL FOHAUS 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:

RUBEN FOJAS

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

SWFL FOHAUS LLC

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

4807 CURLEW DRIVE

\_\_\_\_\_  
Address

ST JAMES CITY FLORIDA 33956

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

fojasr@yahoo.com

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

For further information concerning this matter, please call:

HENRY FOJAS

239 2829665

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

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

## SWFL FOHAUS 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>
AMBR	EQUITY TRUST CO CUSTODIAN		<input type="checkbox"/> Add
	EQUITY TRUST CO. CUSTODIAN	1 EQUITY WAY WESTLAKE OH 44145	<input checked="" type="checkbox"/> Remove ✓
	FBO HENRY FOJAS TRADITIONAL IRA		<input type="checkbox"/> Change
AMBR	RUBEN FOJAS	9252 ADOLPHIA ST	<input type="checkbox"/> Add
		SAN DIEGO CA 92129	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
MGR	RUBEN FOJAS	9252 ADOLPHIA ST	<input checked="" type="checkbox"/> Add ✓
		SAN DIEGO CA 92129	<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"/> Remove
			<input type="checkbox"/> Change

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change  
Add  
Remove  
Change

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

[illegible]

**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 AUGUST 21 2017

Ruben Fajas

Signature of a member or authorized representative of a member

RUBEN FOJAS

Typed or printed name of signee

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