## LIL 000 154015

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
·

Office Use Only



800288312898

09/22/16--01025--002 \*\*30.00

SICKLIARY OF STATE FALLAHASSEE, FLORID:

2016 SEP 22 PM 4: 4

K. SALY SEP 2 3 2016

## **COVER LETTER**

TO:	Registration So Division of Co		, <b>v</b>	
SUBJI	ECT:	AMEVITY WE	ath Manage Ment, ited Liability Company	LLC
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rober	Y+ R. Wills Name of Person	<del></del>
			es of Robert R-U	Uills
		PO E	30x 2356 Address	
			uderdaly \$2 3: City/State and Zip Code	3303
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
	bob U Name o	illsfla@aol. G	om at 954 209 Area Code Daytime	5.4815 Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5.00 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>	Address	Type of Action			
MGR	Edgar Allen Thomas	4740 Cleveland Heights Blvd.,	E Add			
	·	4740 Cleveland Heights Blvd.,  Suite 5  Lakeland, FL 33813	Remove			
		Lakeland, FL 338/3	Change			
			Add			
			□ Remove			
			Change			
***************************************		*	Sed 22 Remove			
			CG Charige			
			□ Add			
			☐ Remove			
			Change			
			🗖 Add			
			Remove			
		· · · · · · · · · · · · · · · · · · ·	Change			
			Add			
			□ Remove			

☐ Change

•		· · · · · · · · · · · · · · · · · · ·				, if necessa	
		<del> </del>					
•							-2
							THIS SEP 22 PH W. TE
			,	<del></del>	··· ·· · · · · · · · · · · · · · · · ·		22
							55. P
	· · · · · · · · · · · · · · · · · · ·		·				120° 4°
					<del></del>		
	,	·				<del></del>	
· · · · · · · · · · · · · · · · · · ·							
<del></del>	<del></del>					······································	
				<del>,</del>			
						·	
			• • • • • • • • • • • • • • • • • • • •				
<del> </del>							
an effective date is lis lote: If the date ins	ther than the date sted, the date must be serted in this block of the date on the Depart	specific and c does not me	annot be prior et the applic	to date of filing of able statutory f	or more than 90 d	_ (optional ays after filing ents, this date	.) Pursuant to 605.02
	es a delayed eff after the record		te, but no	t an effectiv	e time, at 1	2:01 a.m.	on the earlier
	2 /		2016	<u></u> .			
ated Sap f	1 1 12:	11					
ated <u>Sep †</u>	ah Kh	ell ature of a mo	ember or autho	orized representa	tive of a membe	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •

Page 3 of 3

Filing Fee: \$25.00