

L16000172029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

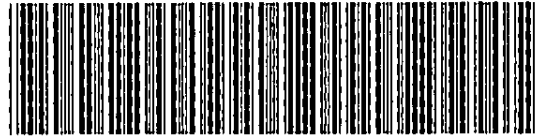
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

11/10/20

LAW OFFICES OF
BALOCCO & ABRIL, PLLC

4332 East Tradewinds Avenue
Lauderdale By-The-Sea, FL 33308
Telephone: (954) 530-4731
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LIZA M. SIEGLE, Of Counsel
E-mail: lsiegle@baloccolaw.com

October 1, 2020

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

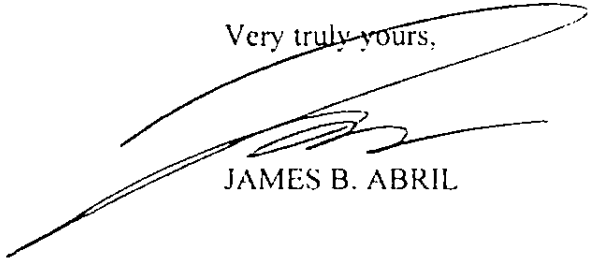
Re: Articles of Amendment to Articles of Organization of Maizey Lane, LLC

Dear Sir or Madame:

Please find enclosed our Firm's check made payable to the Florida Department of State in the amount of Twenty-Five and No/100 Dollars (\$25.00) which amount represents the filing fee for the Articles of Amendment to Articles of Organization of Maizey Lane, LLC.

Should you have any questions or require additional information, please do not hesitate to contact the undersigned. Thank you for your assistance and courtesies in this matter.

Very truly yours,



JAMES B. ABRIL

JBA/smn
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maizey Lane, 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:

Virginia K. Doebler

Name of Person

Firm/Company

14926 Rolling Rock Place

Address

Wellington, FL 33414

City/State and Zip Code

ginny@dfi3.com

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

For further information concerning this matter, please call:

Virginia K. Doebler

Name of Person

570 263-0059
at (_____) _____
Area Code 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

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JANVY C. STINE
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STATE OF FLORIDA

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TALLAHASSEE, FL

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TALLAHASSEE FL

(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)

Dated September 24, 2020



Virginia K. Doebler, Manager



Typed or printed name of signee