

L16000 176 935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

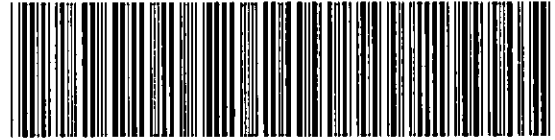
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/19--0103--016 **25.00

FILED

2019 NOV 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 06 2020

1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KOVA COMMERCIAL OF FORT MYERS, 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:

DONNA ZALDIVAR

Name of Person

KOVA COMMERCIAL OF FORT MYERS, LLC

Firm/Company

P.O. BOX 110876

Address

NAPLES, FL 34108

City/State and Zip Code

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

For further information concerning this matter, please call:

DONNA ZALDIVAR

239 261-2627
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

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2019 NOV 25 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
_____ and assigned

(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	STEPHEN A CUNNINGHAM	3033 WINKLER AVENUE	<input type="checkbox"/> Add
		SUITE 190	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33916	<input type="checkbox"/> Change
MGR	KIMBERLY A. GAGLIA	9130 GALLERIA COURT	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		NAPLES, FL 34109	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Nov. 18th / / 2019

Signature of a member or authorized representative of a member

Anthony L. Emma

Typed or printed name of signee