

L16000184030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

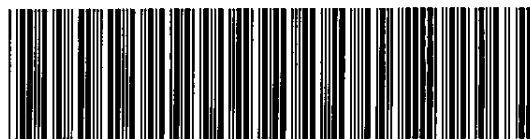
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900298283339

05/08/17--01006--015 **25.00

RECEIVED
DEPARTMENT OF STATE
17 MAY - 8 AM 11:50

RECEIVED
17 MAY - 8 AM 2:02
SECURITY SERVICES
ALLIANCE SEC. FLORIDA

MAY 09 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARLILE PROPERTIES, 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:

WILSON B. CARLILE
Name of Person
CARLILE PROPERTIES, LLC
Firm/Company
P.O. BOX 305
Address
TALLAHASSEE, FL 32301
City/State and Zip Code
wilson@carlileconsultingcompany.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson Carlile at 850 445-5468
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

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

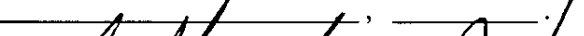
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wilson B. Carlile	P.O. Box 305	☒ Add
		Tallahassee, FL 32301	☐ Remove
			☐ Change
MGR	Martha Rose Dickman	49 Walker Creek Run	☐ Add
		Crawfordville, FL 32327	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

17 MAY - 10 AM
TALLAHASSEE, FLORIDA

ALL HASSEL, FLORIDA
JAN 2 02

17 MAY -3 AM 2:02
ALLIANCE FLOHIA

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.

Dated May 4, 2017

 Signature of a member or authorized representative of a member
Martha Rose Dickman
 Typed or printed name of signee