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JUL 11 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tween Waters Island Vacation Rentals, 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:

Mark A. Ebelini

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

Knott Ebelini Hart

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

1625 Hendry Street, Third Floor

\_\_\_\_\_  
Address

Fort Myers FL 33901

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

mebelini@knott-law.com

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

For further information concerning this matter, please call:

Mark A. Ebelini

239

334-2722

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



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	Susan McCallion	15951 Captiva Road,	<input type="checkbox"/> Add
		Captiva Island FL 33924	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dustyn Corace	15951 Captiva Road	<input checked="" type="checkbox"/> Add
		Captiva Island FL 33924	<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

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

2018 JUL -5 PM 4:20

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

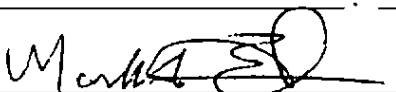
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 June 28, 2018

 Mark A. Ebelini, Knott Ebelini Hart  
Signature of a member or authorized representative of a member

Mark A. Ebelini, Knott Ebelini Hart

Typed or printed name of signee