

L1600206258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY
NOV 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 512 PAUL MORRIS 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:

JEANNE BISHOP

Name of Person

512 PAUL MORRIS LLC

Firm/Company

512 PAUL MORRIS DR

Address

ENGLEWOOD, FL 34223

City/State and Zip Code

JEANNE@NEWPANELHOMES.COM

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

For further information concerning this matter, please call:

JEANNE BISHOP

Name of Person

at (941) 475-6300

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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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	BRIAN C. BISHOP	512 PAUL MORRIS DR	<input type="checkbox"/> Add
		ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
MGR	JEANNE BISHOP	512 PAUL MORRIS DR	<input checked="" type="checkbox"/> Add
		ENGLEWOOD, FL 34223	<input type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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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 11/16, 2016.

Signature of a member or authorized representative of a member

JEANNE BISHOP

Typed or printed name of signee