

L16000226184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

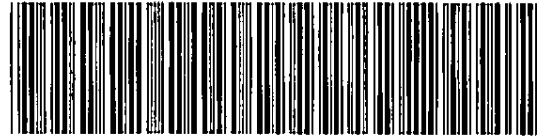
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2018 JAN 11 5 PM 1:21

JAN 09 2019  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shanti Luck, 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:

Davis  
Name of Person

A Table Apart  
Firm/Company

4295 Bonita Bch Rd.  
Address

Bonita Sp, FL 34134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha Bernatch at (239) 300-5160  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2017

JARROD DAVIS  
4295 BONITA BEACH RD  
BONITA SPRINGS, FL 34134

SUBJECT: SHANTI LUCK, LLC  
Ref. Number: L16000226184

We have received your document for SHANTI LUCK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00025309

RECEIVED

JAN - 5 2018

Shanti Luck, LLC

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>                   |
|--------------|-------------------|----------------------|---|
| VP           | Samantha Bernatch | 4295 Bonita Beach Rd | <input checked="" type="checkbox"/> Add |
|              |                   | Bonita Sp FL 34134   | <input type="checkbox"/> Remove         |
|              |                   |                      | <input type="checkbox"/> Change         |
|              |                   |                      | <input type="checkbox"/> Add            |
|              |                   |                      | <input type="checkbox"/> Remove         |
|              |                   |                      | <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         |
|              |                   |                      | <input type="checkbox"/> Add            |
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|              |                   |                      | <input type="checkbox"/> Change         |
|              |                   |                      | <input type="checkbox"/> Add            |
|              |                   |                      | <input type="checkbox"/> Remove         |
|              |                   |                      | <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)

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 23/11/17

2017

Signature of a member or authorized representative of a member

Tarrod Dains

Typed or printed name of signee

[illegible]

ng Fee: \$25.00  
Paid in Advance