

L17000009268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAR 13 AM 9:24

FILED
SECRETARY OF STATE
CORPORATION DIVISION

MAR 15 2017
J. HARRIS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Four Sisters Artisan Exchange
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:

Tracy Waters
Name of Person

The Artisan Exchange
Firm/Company

324 N. Monroe Street
Address

Tallahassee FL
City/State and Zip Code

twaters@homedaypremier.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Waters at (850) 322-2117
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

Four Sisters Artisan Exchange, LLC

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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>
(AMBR) AP	Karen Jones	324 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
(AMBR) AP	Donna Ausley	324 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/ AMBR	Tracy Waters	324 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
		(Change from AP to mgr)	<input checked="" type="checkbox"/> Change
AMBR	Susan Ausley	324 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
		(from AP to AMBR)	<input checked="" 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

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CLERK OF STATE
TALLAHASSEE, FL
17 MAR 3 AM 9:20

[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:

Dated March 8, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee

17 MAR 13 AM 9:24

FILED
SECRETARY OF STATE
OFFICE OF RECORDS