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TALLAHASSEE, FLORIDA

MAR 12 2018

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DERBY WALLACE ASSOCIATES, 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:

JANETTE A DERBY-GREEN

Name of Person

DERBY WALLACE ASSOCIATES, LLC

Firm/Company

2800 W OAKLAND PARK BLVD SUITE 305

Address

OAKLAND PARK, FLORIDA 33311

City/State and Zip Code

derbywallaceassociates@hotmail.com

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

For further information concerning this matter, please call:

JANETTE A DERBY-GREEN at 954 245- 5987  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

## 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>
MGR	NEVILLE DERBY	3210 NW 84 AVENUE #A102	<input checked="" type="checkbox"/> Add
		SUNRISE, FLORIDA 33351	<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"/> Remove
			<input type="checkbox"/> Change

8 MAY - 9 AM 9:59  
 3210 NW 84 AVENUE #A102  
 SUNRISE, FLORIDA 33351

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

18 MAR -9 AM 9:49  
 MASS EX-101A

E. Effective date, if other than the date of filing: 02/15/2017 (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 03/05, 2018

Signature of a member or authorized representative of a member

JANETTE A DERBY-GREEN

Typed or printed name of signee