

L17000035831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

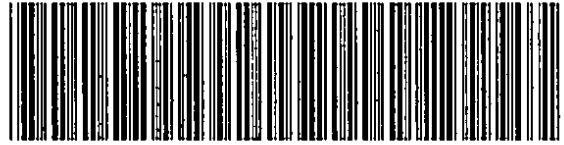
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 29 AM 11:56

N COOPER

MAR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORBRITT PROPERTY SOLUTIONS, 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:

EDWARD SNELLING

Name of Person

NORBRITT PROPERTY SOLUTIONS, LLC

Firm/Company

155 WALNUT ST

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

EDSNELLING@YAHOO.COM

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

For further information concerning this matter, please call:

EDWARD SNELLING

Name of Person

at (850)

Area Code

240-0599

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

NORBRITT PROPERTY SOLUTIONS, LLC
(Name of the Limited Liability Company or other company or partnership)

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 | EDWARD SELLING | ISS WALNUT ST 32459 SANTA ROSA BEACH, FL | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | NORMA J. SEARS | ISS WALNUT ST 32459 SANTA ROSA BEACH, FL | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <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

3/27 2018

Edward Smelling
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

EDWARD SNELLING

Typed or printed name of signee