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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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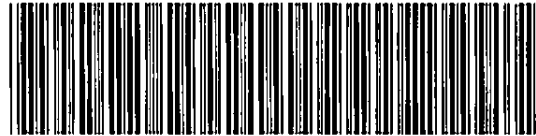
(Business Entity Name)

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S. WARREN

JUL 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHRISTOPHER HOLLAND HOLDINGS, 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:

Sean W. Kelley

Name of Person

Kelley & Kelley, P.L.

Firm/Company

43 Cincinnati Avenue

Address

St. Augustine, FL 32084

City/State and Zip Code

sean@kelleyandkelley.com

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

For further information concerning this matter, please call:

Sean W. Kelley

904

819-9706

at (_____) _____

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

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	HELGA J. HOLLAND	823 Whitehead Street	<input type="checkbox"/> Add
		Key West, FL 33040	<input checked="" 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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Dated

6/1/17

Signature of a member or authorized representative of a member

Christopher Holland

Typed or printed name of signee

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