

L17000081614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

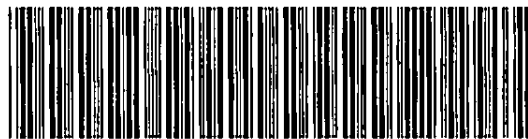
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000301650700

07/24/17--01012--020 \*\*25.00

LED  
17 JUL 24 AM 11:49  
DEPARTMENT OF STATE  
ALL/CHASSEL FLORIDA

JUL 27 2017

Y SINKER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5341 MAYLIND PLACE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Waters  
Name of Person

Firm/Company

804 N OLIVE AVE  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

kyle.waters@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Waters at ( 561 ) 632-8960  
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  
2601 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	SETH SCOTT	100 S Dixie Hwy #2322	<input type="checkbox"/> Add
		West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chuck WATERS	12861 Upper Lake Dr	<input checked="" type="checkbox"/> Add
		Wellington, Fl. 33414	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL 24 AM 11:49  
 FILED  
 OFFICE OF THE  
 CLERK OF THE  
 STATE OF  
 FLORIDA

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

Multiple horizontal lines for amending information.

FILED  
17 JUL 24 AM 11:49  
TALLAHASSEE, FLORIDA

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 July 26<sup>th</sup> 2017

[Signature]  
Signature of a member or authorized representative of a member

Kyle WATERS  
Typed or printed name of signee