

L170000082360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

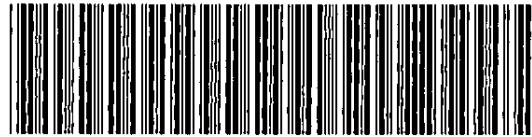
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARRABELLE LODGE, 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:

JULIE SCHULZ

Name of Person

SUMMIT GROUP MANAGEMENT

Firm/Company

2073 SUMMIT LAKE DR SUITE 155

Address

TALLAHASSEE FL 32317

City/State and Zip Code

JULIE.SCHULZ@SUMMITGROUP.BIZ

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

For further information concerning this matter, please call:

JULIE SCHULZ

850 219-8207
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

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U.S. DEPARTMENT OF STATE
REGISTERED AGENT
TALLAHASSEE, FLORIDA

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> |
|--------------|-------------|----------------|---------------------------------|
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[illegible]

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.

Dated MAY 1, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CLAUDE R. WALKER, MANAGER OF TIERRA VISTA GROUP, LLC, ITS MANAG.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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