

L17 000124583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

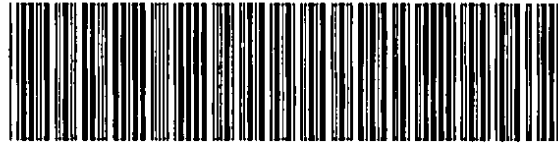
(Document Number)

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09/13/21 --01012--DOE **\$0.00

2021 SEP 13 PM 3:18

O SIMMONS
SEP 21 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MADISON LAND MANAGEMENT, 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:

BEVERLY MADISON

Name of Person

MADISON LAND MANAGEMENT, LLC

Firm/Company

6545 CAY CIRCLE

Address

BELLE ISLE, FL 32809

City/State and Zip Code

MADISONPROPERTY@BELLSOUTH.NET

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

For further information concerning this matter, please call:

BEVERLY MADISON

407

908-5428

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7:21 SLP 10 PH 3: 18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PHOENIX LLC	6545 CAY CIRCLE	<input checked="" type="checkbox"/> Add
		BELLE ISLE, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RECYCLE CENTER INC	6545 CAY CIRCLE	<input checked="" type="checkbox"/> Add
		BELLE ISLE, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEVERLY MADISON MANAGEMENT, INC.	6545 CAY CIRCLE	<input type="checkbox"/> Add
		BELLE ISLE, FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER MADISON MANAGEMENT, INC.	6545 CAY CIRCLE	<input type="checkbox"/> Add
		BELLE ISLE, FL 32809	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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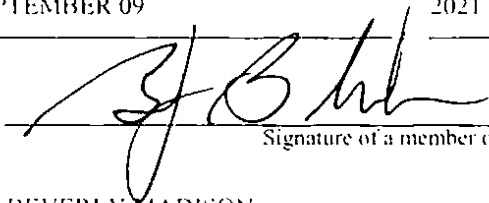
E. Effective date, if other than the date of filing: _____ (optional)

(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 SEPTEMBER 09 2021



Signature of a member or authorized representative of a member

BEVERLY MADISON

Typed or printed name of signee

Filing Fee: \$25.00