

L17000148699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

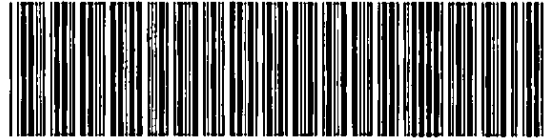
(Business Entity Name)

(Document Number)

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

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2022 FEB 28 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT

MAR - 5 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SW WILBANKS ENTERPRISES 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:

APRIL WILBANKS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6325 LAKE EMMA RD.

\_\_\_\_\_  
Address

GROVELAND, FL 34736

\_\_\_\_\_  
City/State and Zip Code

BRANNENAPRIL3@GMAIL.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 FEB 28 PM 3:08

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For further information concerning this matter, please call:

APRIL WILBANKS

352 303-2402

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

April Wh  
In 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT W WILBANKS	6325 LAKE EMMA RD. GROVELAND, FL 34736	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APRIL WILBANKS	6325 LAKE EMMA RD. GROVELAND, FL 34736	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FL  
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2022 FEB 28 PM 3:08  
SECRETARY OF STATE  
MAIL ROOMS

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2022 FEB 28 PM 3:08  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLA.

(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)

(b) The 90th day after the record is filed.

Dated

2/17 0 2022

~~SECRET~~

Signature of a member or authorized representative of a member

Scott Wilbanks

Typed or printed name of signee