

L17000162416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

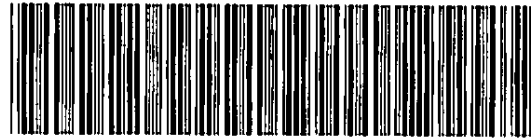
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 JAN -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FL.

SECRET

JAN 20 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -5 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FL

December 13, 2021

DANIEL FOLTZ
119 GRAND BEACH PL
TAMPA, FL 33609

SUBJECT: DANIEL FOLTZ LLC
Ref. Number: L17000162416

We have received your document for DANIEL FOLTZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 321A00030010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Daniel Foltz 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:

Daniel Foltz

Name of Person

Daniel Foltz LLC

Firm/Company

119 Grand Beach Pl

Address

Tampa, FL 33609

City/State and Zip Code

daniel.foltz35@gmail.com

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

For further information concerning this matter, please call:

Daniel Foltz

Name of Person

at (**305**) **747-0315**

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

FILED

2022 JAN -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FL
04/2017

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 11/18/2021 (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.

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

Dated 11/18/2021

Signature of a member of _____

Signature of a member or authorized representative of a member

Daniel Foltz

Typed or printed name of signee