

L17000164737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

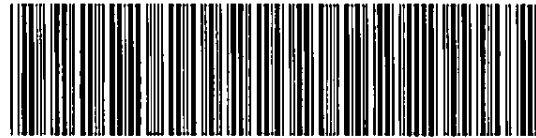
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TALLAHASSEE, FLORIDA

S. WARREN

SEP 01 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2017

JANET BONNEAU  
1015 W INDIANTOWN ROAD, SUITE 202  
JUPITER, FL 33458

SUBJECT: A M MANAGEMENT ENTERPRISES, LLC  
Ref. Number: L17000164737

We have received your document for A M MANAGEMENT ENTERPRISES, 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):

MISSING PAGE 3 WITH SIGNATURE

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00017134

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A M Management 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:

Janet Bonneau

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

Bonneau Accounting Services

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

1015 W Indiantown Road Suite 202

\_\_\_\_\_  
Address

Jupiter Florida 33458

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

janet@bonneaucpa.com

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

For further information concerning this matter, please call:

Janet Bonneau

at ( 561 ) 747-0160

\_\_\_\_\_  
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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**MGR = Manager**  
**AMBR = Authorized Member**

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☐ Change  
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**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

8/10/17

*[Handwritten signature]*

Typed or printed name of signee

**Filing Fee: \$25.00**

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