

L17000175671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

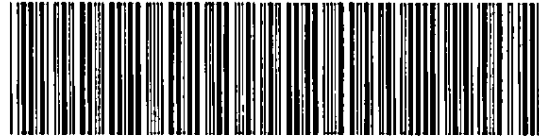
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP 27 PM 4:05
FALCON ASSOCIATES, LLC

K SALY
SEP 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S20 Holdings, 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:

Joseph D. Grosso, Jr.

Name of Person

Joseph D. Grosso, Jr., P.A.

Firm/Company

850 NW Federal Highway, Suite 236

Address

Stuart, Florida 34994

City/State and Zip Code

jgrosso@jdgrossolaw.com

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

For further information concerning this matter, please call:

Joseph D. Grosso, Jr.

772 261-8557

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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2017 SEP 27 PM 4:05
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

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

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2017 SEP 27 PM 4:05
RECEIVED DEPT OF STA
TALLAHASSEE, FL 32310

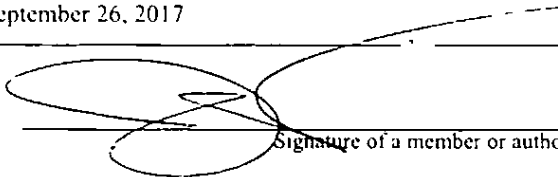
E. Effective date, if other than the date of filing: _____ (optional)

(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 26, 2017



Signature of a member or authorized representative of a member

Joseph D. Grosso, Jr.

Typed or printed name of signee