

L17 000 237163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

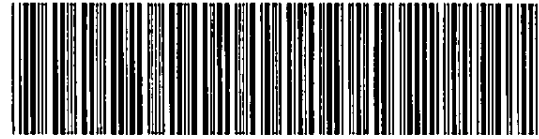
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000306394210

12/12/17--01010--032 \*\*25.00

2017 DEC 11 AM 9:15  
FALLA TASSI, L. ANTONIO

SECRETARY OF STATE  
FALLA TASSI, L. ANTONIO  
2017 DEC 11 AM 11:49

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CELTIC HERITAGE, 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:

SARAH MARCILLE WALLIS  
Name of Person  
CELTIC HERITAGE, LLC  
Firm/Company  
29129 JOHNSTON ROAD #1442  
Address  
DADE CITY, FL 33523  
City/State and Zip Code  
MARCILLE@MARCILLEWALLIS.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH MARCILLE WALLIS at ( 941 ) 625-8544  
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



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>
AMBR	SARAH MARCILLE WALLIS	29129 JOHNSTON ROAD #1442	<input checked="" type="checkbox"/> Add
		DADE CITY, FL 33523	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCILLE WALLIS	29129 JOHNSTON ROAD #1442	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<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
			<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.)

Multiple horizontal lines for amending information.

17 DEC 11 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: JANUARY 1, 2018 (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 Dec 7, 2017.

Sarah Marcille Wallis  
Signature of a member or authorized representative of a member

SARAH MARCILLE WALLIS

Typed or printed name of signee