

L17000244260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

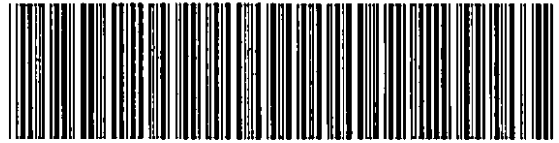
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/23/16--01018--012 \*\*25.00

2016 SEP -7 PM 2:31  
SECRETARY OF STATE  
MAIL ROOM/REGISTRATION

FILED

W18-39079

*[Signature]* 9/11/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2018

ROBERT J VOTAW  
4070 N HWY A1A, STE C-1  
VERO BEACH, FL 32963

SUBJECT: RIDGEWOOD SEBASTIAN LLC  
Ref. Number: L17000244260

We have received your document for RIDGEWOOD SEBASTIAN 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 form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 418A00008546



5070 N HWY A1A, STE C-1  
Vero Beach, FL 32963  
772-999-3494

August 31, 2018

Division of Corporations  
Attn: Jenna Harris  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris

Please find attached my corrected Articles of Amendment to Articles of Organization of Ridgewood Sebastian, LLC. The Document Number is W18000039079 for the rejected Name Change and the Original Document Number for Ridgewood Sebastian LLC is L17000244260. I have paid the \$25.00 fee and I hope this corrected paperwork will complete the name change process. Please make sure you have the correct address as listed above for this filing.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Votaw", written over a horizontal line.

Robert J Votaw  
Manager

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIDGEWOOD SEBASTIAN, LLC  
Name of Limited Liability Company

2018 SEP -7 AM 10:06

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J. VOTAW  
Name of Person

RIDGEWOOD SEBASTIAN, LLC  
Firm/Company

5070 N Hwy A1A, STE C-1  
Address

VERO BEACH FL 32963  
City/State and Zip Code

Robert@INSTRESOLUTIONS.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT VOTAW at (772) 999-3494  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2018 SEP -7 PM 2:31  
SECRETARY OF STATE  
ALABAMA

The Articles of Organization for this Limited Liability Company were filed on November 29, 2011 and assigned Florida document number L17000244260.

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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<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: \_\_\_\_\_ (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 AUGUST 31, 2018

  
Signature of a member or authorized representative of a member

ROBERT J. NOTAW  
Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

2014 SEP -7 PM 2:31  
SECURITY OF SOURCE  
AA43STF 100000