

L18 0000 14124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/10/21--01013--017 ♦\$30.00

2021 OCT 10 PM 3:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUSINESS FIRST 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:

Prince Jones Sr.

Name of Person

BUSINESS FIRST LLC

Firm/Company

P.O. Box 151343

Address

Cape Coral Fl 33915

City/State and Zip Code

PrinceJones@PrincePropertyRealestate.com

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

For further information concerning this matter, please call:

Prince Jones Sr

239

259-7020

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	P JAMEI WHITE	2256 FIRST ST SUITE 115	<input checked="" type="checkbox"/> Add
		FORT MYERS FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRINCE JONES SR	2256 FIRST STREET	<input checked="" type="checkbox"/> Add
		SUITE 115 FORT MYLES	<input type="checkbox"/> Remove
		FL 33901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)

ARTICLE 1 REAL ESTATE SERVICES

ARTICLE 2 ENTERTAINMENT SERVICES

ARTICLE 3 PHYSICAL FITNESS SERVICES

ARTICLE 4 HEALTH & NUTRITION SERVICES

ARTICLE 5 SOCIAL SERVICES

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 _____

Signature of a member or authorized representative of a member

Prince Jones Sr.

Typed or printed name of signee