

LI80000025713

(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



200317796462

18 AUG 30 AM 9:24
FBI

RECEIVED
18 AUG 30 PM 3:00
DIVISION OF PUBLIC SAFETY
TALLAHASSEE, FL 32304

AUG 31 2012

S. PRATHER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/30/2018

PRIORITY Routine

OUR REF # (Order ID#) 681241

ORDER ENTITY

PHAINESTHAI COMPANY LLC C/N/T SYRUPOLOGY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PHAINESTHAI COMPANY LLC C/N/T SYRUPOLOGY LLC (FL)

File the attached amendment

Please provide a certified copy as evidence.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'W' or 'M'.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

18 AUG 30 AM 9 24

(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>
AMBR	Parker J. Collier, Trustee of the Parker J. Collier Revocable Trust dated December 19, 1997, as amended	9045 Strada Stell Court, Suite 500 Naples, Florida 34109	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PJC Revocable Trust	9045 Strada Stell Court, Suite 500 Naples, Florida 34109	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

August 30, 2018



Signature of a member or authorized representative of a member

Rita Silverman, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00