

L18000039973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

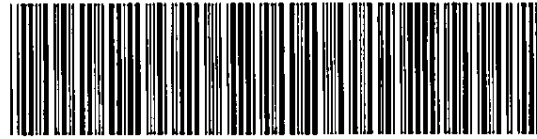
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 PM 2:01

N COOPER

MAY 31 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summer Classics Stores, 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:

Leslie Estes

Name of Person

Firm/Company

3140 Pelham Parkway

Address

Pelham, AL 35124

City/State and Zip Code

lesliee@summerclassics.com

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

For further information concerning this matter, please call:

Leslie Estes

205 358-9260
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

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>
MGR	Alyssa Carnahan		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriella White	3146 Pelham Parkway	<input checked="" type="checkbox"/> Add
		Pelham, AL 35124	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William White IV	1104 West Adams Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William B White III	1104 West Adams Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32204	<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.)*

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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.

(b) The 90th day after the record is filed.

Dated May 22 2018

Signature of a member or authorized representative of a member

William White IV

Typed or printed name of signer