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N COOPER

APR 04 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2325 Shannon, 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:

Robert Francez

Name of Person

2325 Shannon, LLC

Firm/Company

21 Blackwater Street

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

rmf@volalaw.com

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

For further information concerning this matter, please call:

Robert Francez

337 2329642
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

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 | Thurman K Minchew Jr. | 21 Blackwater Street | <input type="checkbox"/> Add |
| | | Santa Rosa Beach, FL | <input checked="" type="checkbox"/> Remove |
| | | 32459 | <input type="checkbox"/> Change |
| MGR | Robert Francez | 110 Stonehenge Road | <input checked="" type="checkbox"/> Add |
| | | Lafayette, LA | <input type="checkbox"/> Remove |
| | | 70503 | <input type="checkbox"/> Change |
| AMBR | Chewcon, LLC | 16 South Lake Drive | <input checked="" type="checkbox"/> Add |
| | | Santa Rosa Beach, FL | <input type="checkbox"/> Remove |
| | | 32459 | <input type="checkbox"/> Change |
| AMBR | Mike McKenzie | P.O. Box 51707 | <input checked="" type="checkbox"/> Add |
| | | Lafayette, LA | <input type="checkbox"/> Remove |
| | | 70505 | <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.

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 March 28, 2018

Signature of a member or authorized representative of a member

Thurman Minchew Jr, Registered Agent

Typed or printed name of signee