

118000077688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

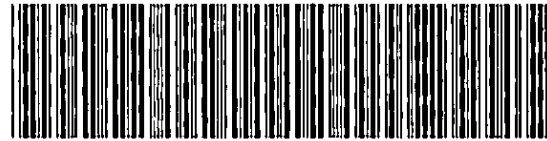
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800320496398

11/09/18--01012--020 \*\*25.00

FILED

2018 NOV -9 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FL

R WHITE

NOV 28 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Through The Archway, 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:

Ryan Croall

\_\_\_\_\_  
Name of Person

Through The Archway, LLC

\_\_\_\_\_  
Firm/Company

4901 Godfrey Rd

\_\_\_\_\_  
Address

Parkland, FL 33067

\_\_\_\_\_  
City/State and Zip Code

ryan.croall@gmail.com

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

For further information concerning this matter, please call:

Ryan Croall

413 250-3671  
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

**FILED**

2018 NOV -9 AM 8:58  
SECRET

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

and assigned

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>
MGRM	Steve Schwartz	3550 Powerline Rd	<input type="checkbox"/> Add
		Oakland Park, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Patrick Walker	4901 Godfrey Rd	<input checked="" type="checkbox"/> Add
		Parkland, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Gandelman	4901 Godfrey Rd	<input checked="" type="checkbox"/> Add
		Parkland, FL 33067	<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

[illegible]

**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.

Dated 11/5/2018, \_\_\_\_\_

**Ryan Croall**

**Filing Fee: \$25.00**