

L18000106167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

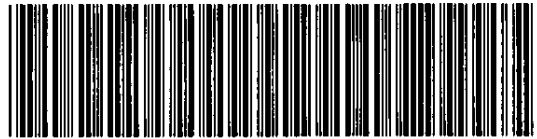
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/18--01005--006 **30.00

2018 MAY -9 AM 11:29

SECRETARY OF STATE
AND AMBASSADOR

2018 MAY -9 AM 11:46

FILED

B FIGUEROA

MAY 09 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Objective Perspective, 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:

Steven Craig Best

Name of Person

Objective Perspective, LLC

Firm/Company

1880 N Crystal Lake Drive, # 45

Address

Lakeland, Florida 33801

City/State and Zip Code

scbest63@gmail.com

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

For further information concerning this matter, please call:

Steven Craig Best

770 676-4149
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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	Ted J Merry	50 Castle Creek Rd	☐ Add
		Four Corners, WY 82715	☒ Remove
			☐ Change
AMBR	Matthew Alan Guskay	6021 Morningdale Ave.	☒ Add
		Lakeland, FL 33813	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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MAY 9 AM 11:45
STATE OF FLORIDA
SECRETARY OF STATE
TAMM ANASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

No other changes are being made.

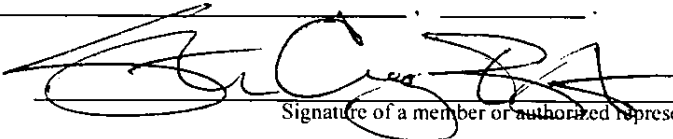
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 7, 2018



Signature of a member or authorized representative of a member

Steven Craig Best

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA