118000130788

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COVER LETTER

LEMOTION, LLC							
SUBJECT:Name of Limited Liability Company							
es of Amendment and fee(s) are sub	omitted for filing.						
respondence concerning this matter	to the following:						
ANTONY MATHEW							
	Name of Person						
ANKLEMOTION,LLC							
	Firm/Company						
44 TIMBERLAND CIR N	1						
	Address						
FORT MYERS, FL 3391	19						
	City/State and Zip Code						
E-mail address:	(to be used for future annual report notifi	ication)					
tion concerning this matter, please of	all:						
	239 246 1111						
ame of Person	Area Code Daytime	Telephone Number					
for the following amount:							
Tee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed					
a k	Name of Limites of Amendment and fee(s) are substress of Amendment and	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Difference concerning this matter to the following: ANTONY MATHEW Name of Person ANKLEMOTION.LLC Firm/Company 44 TIMBERLAND CIR N Address FORT MYERS, FL 33919 City/State and Zip Code info@anklemotion.com E-mail address: (to be used for future annual report notification concerning this matter, please call: 239 246 1111 at (

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



August 9, 2018

ANTONY MATHEW ANKLEMOTION, LLC 44 TIMBERLAND CIR N FORT MYERS, FL 33919

SUBJECT: ANKLEMOTION, LLC Ref. Number: L18000130788

We have received your document for ANKLEMOTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00016443

Stacy Prather Regulatory Specialist III

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONVIEMATION 11 C

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2018 AUG 20 PM 1: 10

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) IALLAHASSEE. FL		
he Articles of Organization for this Limited Liability Company were filed on May 24, 2018 and assigned		
orida document number <u>L 18000130788</u>		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. If amonding Authorized Person(s) authorized to manage, enter the title, name, and usidiess of cach person being added or removed from our records:

MGP = Manager

AMBR - Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Antony Mathew	44 Timberland Cir N, Fort Myers	# Add
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corporation account, the r	nanager told me that m	ny name is only as a	registered agent and	not as a
manager. Only my wife's i	name (Reena Mathew)	is documented as	nanager.	
i am sending application i	or adding name as the	manager. Thank yo	PU.	
			·	
+ 4 = 4 11 1 1 1 1 1 1 1 1				
				
	t a steps		,	
retive date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be pock does not meet the ap	plicable statutory filir		.) Pursuant to 605.020
record specifies a delayed the 90th day after the rec		not an effective	time, at 12:01 a.m.	on the earlier o
July 31, ed	2018	·		
	Mark Comments		on a memico	

Page 3 of 3

Filing Fee: \$25.00

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No Events

No Name History

Florida Limited Liability Company ANKLEMOTION, LLC

Filing Information

Document Number

L18000130788

FEI/EIN Number

NONE

Date Filed

05/24/2018

State

FL

Status

ACTIVE

Principal Address

44 TIMBERLAND CIR N FORT MYERS, FL 33919

Mailing Address

44 TIMBERLAND CIR N FORT MYERS, FL 33919

Registered Agent Name & Address

MATHEW, ANTONY 44 TIMBERLAND CIR N FORT MYERS, FL 33919

Authorized Person(s) Detail

Name & Address

Title MGR

MATHEW, REENA 44 TIMBERLAND CIR N FORT MYERS, FL 33919

Annual Reports

No Annual Reports Filed

Document Images

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