

LIB000135947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

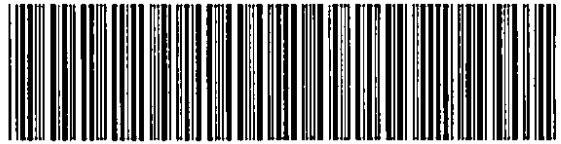
(Business Entity Name)

(Document Number)

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US/CB: 18-01 21-017 *** 11

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SECRETARY OF STATE
DIVISION OF CORPORATE
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N COOPER

AUG 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 739 N Volusia, 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:

Harlan L. Paul

Name of Person

Paul, Elkind, Branz and Kelton, P.A.

Firm/Company

142 E New York Avenue

Address

Deland, FL 32724

City/State and Zip Code

hpaul@paulandelkind.com

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

For further information concerning this matter, please call:

Stephanic Godfrey

Name of Person

at

(386) 218-04195

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


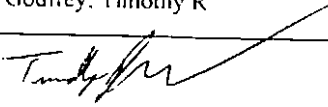
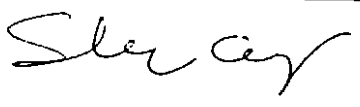

739 N Volusia, LLC

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>
P	Godfrey, Timothy R 	1736 17th Street	<input type="checkbox"/> Add
		Orange City, FL 32763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Godfrey, Timothy R 	1736 17th Street	<input checked="" type="checkbox"/> Add
		Orange City, FL 32763	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Godfrey, Stephanie D 	1736 17th Street	<input type="checkbox"/> Add
		Orange City, FL 32763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Godfrey, Stephanie D 	1736 17th Street	<input checked="" type="checkbox"/> Add
		Orange City, FL 32763	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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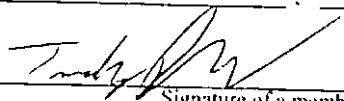
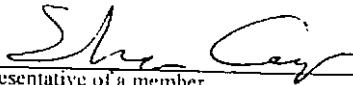
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 08/02/2018 (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 _____

Signature of a member or authorized representative of a member

Timothy Ryan Godfrey Stephanie Godfrey

Typed or printed name of signee