

48000140097

(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



000319229330

10/16/18--01036--005 **30.00

RECEIVED

OCT 15 2018

FILED

2018 OCT 15 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FL

amend
10-24-18
LIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2018 PENSACOLA I, 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:

TIMUR RAKHMATOV

Name of Person

TFR & COMPANY, INC

Firm/Company

3406 FLAGLER AVENUE

Address

KEY WEST, FL 33040

City/State and Zip Code

TIMUR@TFRANDCOMPANY.COM

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

For further information concerning this matter, please call:

TIMUR RAKHMATOV

850

356-9833

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

SECRETARY OF STATE
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records:
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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	CHIA YING TSAI	9708 SHADOW WOOD DR	<input type="checkbox"/> Add
		PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JEFFREY MORTON	5604 5TH COURT SOUTH	<input checked="" type="checkbox"/> Add
		BIRMINGHAM, AL 35212	<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
			<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.)*

[illegible]

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)(l)

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

TIMUR RAKHMATOV

Typed or printed name of signee