

L18000146641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

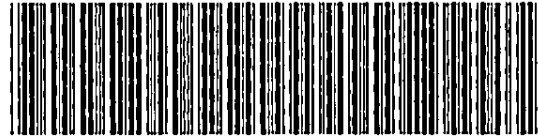
(Business Entity Name)

(Document Number)

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2/5/21
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ETOSHA, 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:

NANCY REICH, CPA

Name of Person

AVIATION CPAs

Firm/Company

5525 NW 15TH AVENUE, SUITE 203

Address

FORT LAUDERDALE, FLORIDA 33309

City/State and Zip Code

NANCYR@AVIATIONCPAS.COM

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

For further information concerning this matter, please call:

NANCY REICH, CPA

Name of Person

at (954)

Area Code

829-5930

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ETOSHA, LLC

If Changing Registered Agent, Signature of New Registered Agent

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	ALPHONSO BOWE	2535 JARDIN TERRACE	<input type="checkbox"/> Add
		WESTON, FLORIDA 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TATIANA MARIE BOWE	2535 JARDIN TERRACE	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Add
Remove
Change

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(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)

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.

Alphonse Hayward Rowe
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00