

LIB000185975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

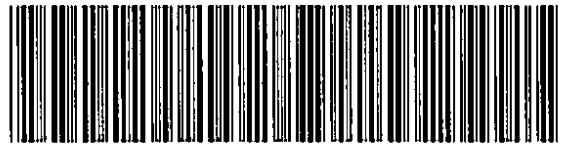
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000316137140

08/17/18--01016--009 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 PM 1:44

N COOPER

AUG 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Two Salty Conchs 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:

Wendy Ashley

Name of Person

Two Salty Conchs LLC

Firm/Company

2213 SW 40th St

Address

Cape Coral, FL 33914

City/State and Zip Code

wendy.ashley@officedepot.com

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

For further information concerning this matter, please call:

Wendy Ashley

410 977-7849

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

Two Salty Conchs 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>
MGR	Wendy Ashley	2213 SW 40th St Cape Coral, FL 33914	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack Carlson		<input type="checkbox"/> Add
		11499 Overseas Hwy Marathon, FL 33050	<input checked="" 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

DIVISION OF CORPORATIONS
18 AUG 17 PM 1:44

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 PM 1:44

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

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.

Dated August 15, 2018

Wendy Asf
Signature of a member or authorized representative of a member

Typed or printed name of signee