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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2019-09-05 PM 5:26

Amend/CLC

SEP 13 2019

1 ALBERTA

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A STRONG TOWER ENTERPRISES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L WILLIAMS SR

\_\_\_\_\_  
Name of Person

A STRONG TOWER ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

633 NE 167 STREET - STE 809

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33162

\_\_\_\_\_  
City/State and Zip Code

astrongtower777@gmail.com

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

For further information concerning this matter, please call:

DAVID L WILLIAMS SR

786 444-3709

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

2012

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

and assigned,

1.18000188430

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

A STRONG TOWER ENTERPRISES LLC

***(Principal office address MUST BE A STREET ADDRESS)***

633 NE 167 STREET - STE 809

NORTH MIAMI BEACH, FL 33162

**Enter new mailing address, if applicable:**

A STRONG TOWER ENTERPRISES LLC

**(Mailing address MAY BE A POST OFFICE BOX)**

633 NE 167 STREET - STE 809

NORTH MIAMI BEACH, FL 33162

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new**  
**registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

**Florida**

( 'iv'

Zip Code

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

*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.*

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**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 09/01/2019 \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee