

L18000 2024 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

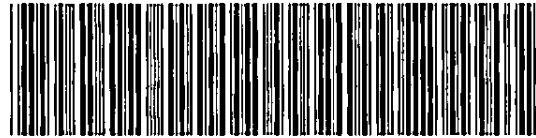
(Business Entity Name)

(Document Number)

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2020 MAY 22 PM 3:44

O SIMMONS

JUN 11 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2867 Croton, 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:

Mac Ross, Esq.

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

The Law Office of Kyle Felty, P.A.

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

1983 PGA Blvd, Suite 103

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33408

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

mac@kylefelty.com

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

For further information concerning this matter, please call:

Mac Ross

561  
at ( )

614-6606

\_\_\_\_\_  
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 Address:**

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

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2020 MAY 22 FRI 3:44

(A Florida Limited Liability Company)

August 23, 2018

Doc ID: d90f949e0a281678e304110b9d0dcf2d1f753cda

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

2020 MAY 22 PM 3: 44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Thomas G. Lumbra, Jr.	4188 Westroads Drive, 112 WPB 33407	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Kathleen O. Lumbra	4188 Westroads Drive, 112 WPB 33407	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laura Lumbra	4188 Westroads Drive, 112 WPB 33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2020 MAY 22 Pii 3:45

**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)(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 05 / 20 / 2020

TG Lumbr Jr

Signature of a member or authorized representative of a member

Thomas G. Lumbus

Typed or printed name of signee

**Filing Fee: \$25.00**

Doc ID: d90f949e0a281678e304110b9d0dcf2d1f753cda