

18000229196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

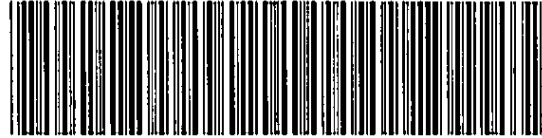
(Business Entity Name)

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2018 OCT 19 PM 4:02

STATE
TALLAHASSEE, FL

OCT 31 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanders Enterprises of Northwest Florida, 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:

Collin Sanders

Name of Person

Sanders Enterprises of Northwest Florida, LLC

Firm/Company

3180 N. Night Heron Dr

Address

Fayetteville, AR 72704

City/State and Zip Code

Cjsander1@aol.com

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

For further information concerning this matter, please call:

Collin Sanders

Name of Person

at (501)

Area Code

240-6954

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

Sanders Enterprises of Northwest Florida, 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>
MGRM	Collin Sanders	339 N. West Ave #206	<input checked="" type="checkbox"/> Add
		Fayetteville, AR 72701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 October 10th, 2018

Signature of a member or authorized representative of a member

Collin Sanders

Typed or printed name of signee

FILED
2018 OCT 19 PM 4:03
SECOND JUDGE OF STATE
TALLAHASSEE, FL