

L18000261994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

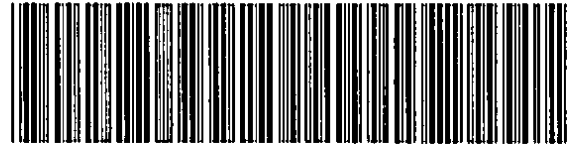
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/06/21--01003--003 **25.00

T. MATTHEWS

DEC 15 2021

21 DEC -6 PM 3:35

COVER LETTER

TO: Registration Section
Division of Corporations

Bordan Development, LLC, a Florida limited liability company

SUBJECT: _____
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:

John T. Dekle

Name of Person

John T. Dekle, PL

Firm/Company

3679 St. Johns Ave

Address

Jacksonville, Florida 32205

City, State and Zip Code

john@jtdkle.com

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

For further information concerning this matter, please call.

John Dekle

904 534-2974

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 Address:

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

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November 8, 2018

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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>
AMBR	Woodland Capital, LLC	8280 Princeton Square Blvd., Suite 8	<input type="checkbox"/> Add
		Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregory Borec	8280 Princeton Square Blvd., Suite 8	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32256	<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)*

21 DEC -6 PM 3:36

Date of Filing

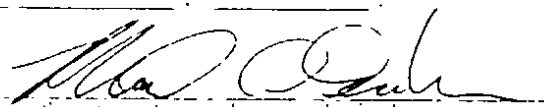
E. Effective date, if other than the date of filing: _____ (optional)

(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 December 1, 2021


Signature of a member or authorized representative of a member

Michael Danhorn
Typed or printed name of signee