

L190000 43922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

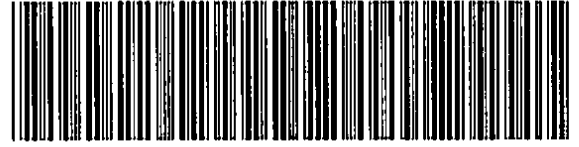
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Leg Goett Jupiter 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:

Jan Andersen  
Name of Person

Leg Goett Jupiter LLC  
Firm/Company

232 Hampton ct  
Address

Jupiter FL 33458  
City/State and Zip Code

Jan.d.andersen@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan Andersen at (631) 974 0856  
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



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>
<del>CFO</del>	<u>Merrick Gayle</u>	<u>232 Hampton ct</u>	<input checked="" type="checkbox"/> Add
		<u>Jupiter FL 33458</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>CEO</u>	<u>Jan Andersen</u>	<u>232 Hampton ct</u>	<input type="checkbox"/> Add
		<u>Jupiter FL 33458</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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