

L190000 45624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

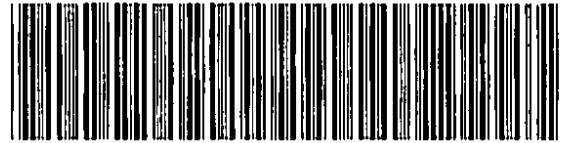
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/13--01025--017 **25.00

2019 MAR 13 PM 4:23

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MAR 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVEN DOORS DOWN 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:

Name of Person
Devry E. Dewan
Certified Public Accountant

7006 Atlantic Blvd. Firm/Company
Jacksonville, FL 32211

Address

City/State and Zip Code

DEVRY@DEVRYDEWAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person
DEVRY DEWAN at (904) 465-3405
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

The Articles of Organization for this Limited Liability Company were filed on 02/14/19 and assigned Florida document number L190000456.24

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

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>
<u>MGR</u>	<u>MICHAEL C. TYDE</u>	<u>630 ROBERTS Rd</u>	<input type="checkbox"/> Add
		<u>St Johns, FL. 32259</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>BRANDON MARDENFIELD</u>		<input checked="" type="checkbox"/> Add
		<u>630 ROBERTS Rd</u>	<input type="checkbox"/> Remove
		<u>ST. JOHNS, FL. 32259</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

(b) The 90th day after the record is filed.

MARCH 8, 2019

MAN Hueston
Signature of a member or authorized representative of a member

MARC HARDESTY
Typed or printed name of signee