

L190000 069 75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

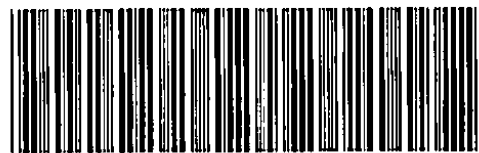
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



40033431376

09/15/19--01021--014

SEP 15 2019
FALLMILLS, FL 32024

SEP 30 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALBATROSS FINANCIAL COMPANY 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:

Phillip Chesson

Name of Person

Nahakama LLC

Firm/Company

2260 5th Ave S , Suite 9

Address

St Petersburg, FL 33712

City/State and Zip Code

pchesson@nahakama.com

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

For further information concerning this matter, please call:

Phillip Chesson

727 744-3999

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

and
FLORENCE
HALL-ALPHONSE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000069753

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)

_____, Florida _____
City Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Nahakama LLC	2260 5th Ave S, Suite 9 St Petersburg FL 33712	<input type="checkbox"/> <input checked="" type="checkbox"/>
MGR	Nahakama LLC	2260 5th Ave S, Suite 9 St Petersburg FL 33712	<input type="checkbox"/> <input checked="" type="checkbox"/>
MGR	Nahakama Group LLC	2260 5th Ave S, Suite 9 St Petersburg FL 33712	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/> R
			<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.

Dated September 12, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee