

L19000 1169599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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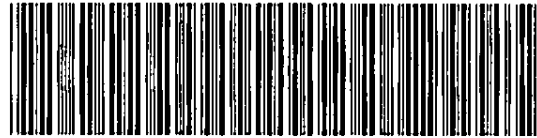
(Business Entity Name)

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O SIMMONS
JAN 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICONA 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:

AUDREY A CONA
Name of Person

AMERICONA LLC
Firm/Company

1418 STONEHEDGE WAY
Address

PALM HARBOR, FLORIDA 34683
City/State and Zip Code

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

For further information concerning this matter, please call:

TONY CONA at (727) 831-2937
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

AMERICANA LLC

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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>
MGR	AUDREY A CONA	1418 STONEHENGE WAY	<input checked="" type="checkbox"/> Add
		Palm Harbor FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 12-31-2019

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

AUDZEY A CONN

Typed or printed name of signee