

L19000 176 922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

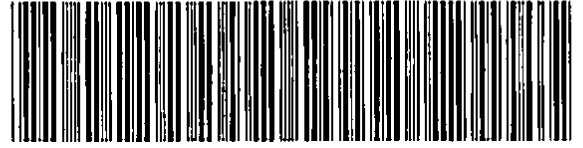
(Business Entity Name)

(Document Number)

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Amend

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 15 PM 2:30

AUG 22 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL APTS 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:

WILLIAM C. VOIGHT, II

Name of Person

VOIGHT, PA

Firm/Company

7680 UNIVERSAL BLVD., STE 565

Address

ORLANDO, FL 32819

City/State and Zip Code

WILLIAM@MYVOIGHT.COM

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

For further information concerning this matter, please call:

WILLIAM C. VOIGHT, II

407

477-4559

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

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DIVISION OF CORPORATIONS

COLONIAL APTS LLC

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>
MGR	DEREK KEWLEY	4848 S. APOPKA VINELAND	<input checked="" type="checkbox"/> Add
		ROAD UNIT 212	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGR	NICHOLAS J SPENCE	4848 S. APOPKA VINELAND	<input type="checkbox"/> Add
		ROAD UNIT 212	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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 AUGUST 7, 2019

A handwritten signature in black ink, appearing to be "A. F. [unclear]". The signature is written in a cursive style with some loops and flourishes. It is located at the bottom right of the page, below the typed name "A. F. [unclear]".

Typed or printed name of signee