

L19000205329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

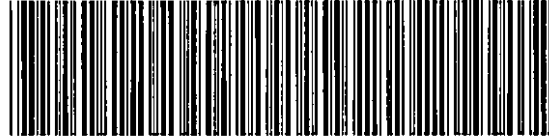
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SIVKOV
NOV 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Works of Florida Cracker Unit Four, 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:

Kamli Howard
Name of Person

Heartfelt Hospitality Group, LLC
Firm/Company

7845 Baymeadows Way
Address

Jacksonville, FL 32256
City/State and Zip Code

Khoward.e.hampton.golf
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamli Howard at (904) 862-6295
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

Works of Florida Cracker Unit Four, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 | Robert C. Tilka | 3948 3rd. St. South | <input type="checkbox"/> Add |
| | | Unit 373 | <input checked="" type="checkbox"/> Remove |
| | | Jacksonville Beach, FL 32250 | <input type="checkbox"/> Change |
| MGR | Heart+felt Hospitality Group, LLC | 7845 Baymeadows Way | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32256 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

10-16-2019

Signature of a member or authority

MG Orender

Typed or printed name of signee