

L19000 205 501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

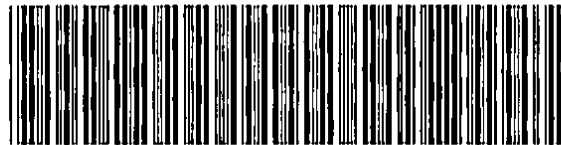
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200333965302

09/12/19--01012--003 \*\*55.00

FILED

19 SEP 12 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2019

T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naples Bay Home care 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:

Kevin Sullivan

Name of Person

Naples Bay Home care LLC

Firm/Company

601 St Andrews Blvd

Address

Naples, FL 34113

City/State and Zip Code

kevins1971@hotmail.com

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

For further information concerning this matter, please call:

Kevin Sullivan

239

682-5059

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



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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

RECEIVED  
 19 SEP 12 PM 10:04  
 STATE  
 DEPARTMENT OF  
 REVENUE  
 TALLAHASSEE, FLORIDA

19 SEP 12 AM 10:04  
SEALAND STATE  
FALCON FLORIDA

FILED  
19 SEP 12 AM 10:04  
SEATTLE  
FALL AM 1958  
FLORIDA

**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 September 9, 2019

& Kevin Sullivan

Signature of a member or authorized representative of a member

Kevin Sullivan

Typed or printed name of signee