

L190000212027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

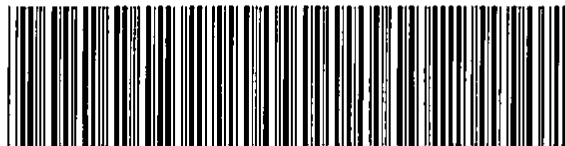
(Business Entity Name)

(Document Number)

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23 NOV -2 PM 4:29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEEKLEY'S EQUINE SERVICES 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:

MARLA COPELAND ESTY

Name of Person

ABC LLC dba Easy Tax and Accounting Services LLC

Firm/Company

P O Box 2066

Address

High Springs, FL 32655

City/State and Zip Code

easytax@windstream.net

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

For further information concerning this matter, please call:

MARLA COPELAND ESTY

386

454-8959

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	CHRISTINE WEEKLEY	1310 SW BEAVER STREET	<input type="checkbox"/> Add
		FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON D WEEKLEY	1310 SW BEAVER ST	<input type="checkbox"/> Add
		FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JASON D WEEKLEY	PO BOX 304	<input checked="" type="checkbox"/> Add
		FORT WHITE, FL 32038	<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

[illegible]

(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)

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.

Jason Donald Weekley
Signature of a member or authorized

Signature of a member or authorized representative of a member

Jason Donald Weikley
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00