

L19000254744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

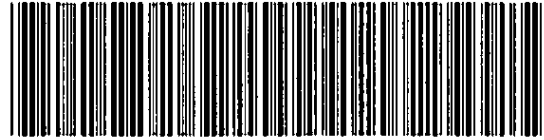
(Business Entity Name)

(Document Number)

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2019 DEC 16 AM 8:20

SEC. OF STATE
TALLAHASSEE, FL

JAN 17 2020
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 905 MANATEE AVE E 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:

PETER MERRIFIELD

Name of Person

Firm/Company

2101 3RD AVE S #6

Address

ST PETERSBURG, FL 33711

City/State and Zip Code

PMERRIFIELD@ACSI-USA.COM

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

For further information concerning this matter, please call:

PETER MERRIFIELD 727 822-3000
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	ACS PROPERTIES, INC	4417 48TH AVE S ST. PETERSBURG, FL 33711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ACS PROPERTIES, INC	4417 48TH AVE S ST. PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
			<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

[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.

CEMBER 11 2019



Signature of a member or authorized representative of a member

PETER MERRIFIELD

Typed or printed name of signer

PETER MERRIFIELD

Typed or printed name of signee