

L19000279900

(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



800339005748

01-15-20 11:00:00 AM *\$25.00

FILED
2020 JAN 15 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 11 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOVED ONES OF SWFL 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:

SHERRY COTTINI

Name of Person

LOVED ONES OF SWFL

Firm/Company

6037 TIERRA ENTRADA

Address

NORTH FORT MYERS, FL 33903

City/State and Zip Code

SHERRY.COTTINI@GMAIL.COM

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

For further information concerning this matter, please call:

SHERRY COTTINI

239 770-7711

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 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>
--------------	-------------	----------------	-----------------------

MGR	SHERRY COTTINI		<input type="checkbox"/> Add
-----	----------------	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

		6037 TIERRA ENTRADA, N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Change
--	--	---	--

2020 JAN 15 PM 3:52
SECRET
TALLAHASSEE, FL
OFFICE OF STATE
FILED

			<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
--	--	--	---------------------------------

2020 JAN 15 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 15 PM 3:52
SECR. OF STATE
TALLAHASSEE, FL

700

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00