

L200000 42201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

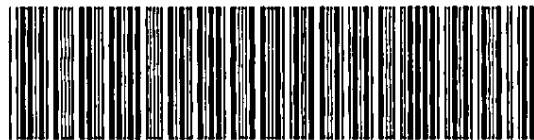
(Business Entity Name)

(Document Number)

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MAY 18 2020

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2020 MAY 18 AM 6:47  
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JUN 09 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYMI PROPERTIES, 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:

CHRISTOPHER S. WEST

Name of Person

LYMI PROPERTIES, LLC

Firm/Company

345 N. ROSCOE BLVD.

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

c.shawn.west@gmail.com

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

For further information concerning this matter, please call:

CHRISTOPHER S. WEST

904

477-1859

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

FILED  
2020 MAY 18 AM 6:47  
CLERK OF COURT  
JULIA R. ESTEY

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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.	CHRISTOPHER L. WEST	345 N. ROSCOE BLVD.	<input type="checkbox"/> Add
		PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	ERIN L. WEST	345 N. ROSCOE BLVD.	<input checked="" type="checkbox"/> Add
		PONTE VEDRA BEACH, FL 32082	<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

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**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 12<sup>th</sup> day of May. 2020.

CSWard

Christopher S West

Typed or printed name of signee

**Filing Fee: \$25.00**