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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

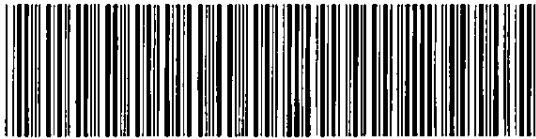
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
MAR 14 2025  
FBI - TAMPA

cf 4/25/2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1041 UNDERHILL BRANCH ROAD 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:

TONY OR JULIE MARING

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1041 UNDERHILL BRANCH ROAD

\_\_\_\_\_  
Address

OSTEEN, FL 32764

\_\_\_\_\_  
City/State and Zip Code

JULIEAMARING@GMAIL.COM

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

For further information concerning this matter, please call:

TONY OR JULIE MARING

407 402-6217  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

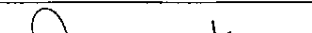
MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
REGISTRAR	TONY MARING	1041 UNDERHILL BRANCH RD	<input type="checkbox"/> Add
		OSTEEN, FL 32764	<input type="checkbox"/> Remove
		(ZIP CODE/MAILING WAS INCORRECT)	<input checked="" type="checkbox"/> Change
AMBR	TONY MARING	1041 UNDERHILL BRANCH RD	<input type="checkbox"/> Add
		OSTEEN, FL 32764	<input type="checkbox"/> Remove
		(ZIP CODE WAS INCORRECT)	<input checked="" type="checkbox"/> Change
AMBR	JULIE MARING	1041 UNDERHILL BRANCH RD	<input type="checkbox"/> Add
		OSTEEN, FL 32764	<input type="checkbox"/> Remove
		(ZIP CODE WAS INCORRECT)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[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.

  
Signature of a member or authorized representative of a member

JULIE MORING  
Typed or printed name of signee

**Filing Fee: \$25.00**