

L200000 78189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

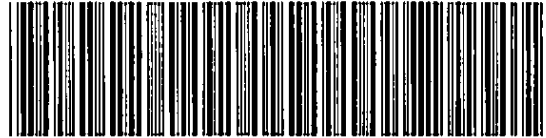
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/10/20--01038--030 \*\*25.00

FILED

2020 AUG 10 PM 5:38

CLERK OF SUPERIOR COURT  
OFFICE OF THE CLERK  
1111 LAKE STREET, SUITE 100  
ANN ARBOR, MI 48106

SEP 29 2020

S. YOUNG

August 3, 2020

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: 6709 Forest View Ln LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. The articles of Amendment.
2. A check for \$25 for the Filing Fee.
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Jasmine Barkum  
Authorized Representative

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6709 Forest View Ln 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:

Jasmine Barkum

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

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

3225 McLeod Drive, Suite 100

\_\_\_\_\_  
Address

Las Vegas, Nevada 89121

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

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Jasmine Barkum

800

706-4741

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2020 AUG 10 PM 5:38  
and assigned  
JUL 31 5:57 PM '20  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA  
JUL 31 2020

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

and assigned

**A. If amending name, enter the new name of the limited liability company here:**

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

(b) The 90th day after the record is filed.

Dated August 3, 2020



Signature of a member or authorized representative of a member

Jasmine Barkum, Authorized Representative

Typed or printed name of signee