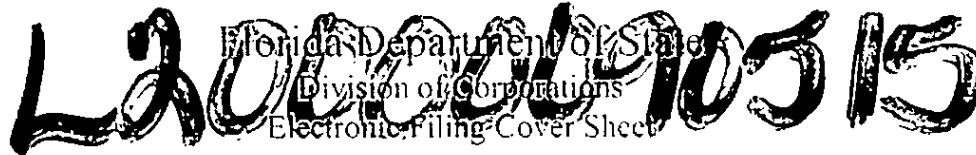


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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000095831 3)))



H200000958313ABC

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : RAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
Phone : (850) 769-3434
Fax Number : (850) 769-6121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: msacd5@aol.com

2020 MAR 30 AM 11:38

11:38

RECEIVED

2020 MAR 30 AM 10:18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M&S PROPERTIES OF GREATER FLORIDA, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

O SIMMONS

MAR 31 2020

COVER LETTER

H20000095831 3

TO: Registration Section
Division of Corporations

SUBJECT: M&S Properties of Greater Florida, 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:

Franklin R. Harrison

Name of Person

Hand Arendall Harrison Sale

Firm/Company

304 Magnolia Avenue

Address

Panama City, Florida 32401

City/State and Zip Code

msacd5@aol.com

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

For further information concerning this matter, please call:

Stephanie Slack

850

769-3434

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|------------------------|--|
| AMBR | Mark Prater | 1310 Fox Creek Road | <input type="checkbox"/> Add |
| | | Lawrenceburg, KY 40342 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Susan Prater | 1310 Fox Creek Road | <input type="checkbox"/> Add |
| | | Lawrenceburg, KY 40342 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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OFFICE

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Dated March 30 2020

Therese

Signature of a member or authorized representative of a member

Franklin R. Harrison

Typed or printed name of signee