

L20000 148186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

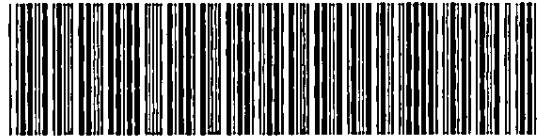
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIANKA HEARY 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:

VIANKA HEARY
Name of Person
N/A
Firm/Company
4279 SKIPJACK COVE
Address
NICEVILLE, FL 32578
City/State and Zip Code
viankaheary@kw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIANKA HEARY at (716) 868-5888
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 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>
<u>MGR</u>	<u>VIANKA B HEARY</u>	<u>4279 SKIPJACK COVE</u>	<input type="checkbox"/> Add
		<u>NICEVILLE, FL 32578</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AR</u>	<u>RYAN J HEARY</u>	<u>4279 SKIPJACK COVE</u>	<input type="checkbox"/> Add
		<u>NICEVILLE, FL 32578</u>	<input checked="" 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

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

→ Change VIANKAB HEARY to MGR

→ Remove RYAN J HEARY as AR

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.

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.

Dated June 10, 2020



Signature of a member or authorized representative of a member

VIANKA B HEARY

Typed or printed name of signee