

120000184114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

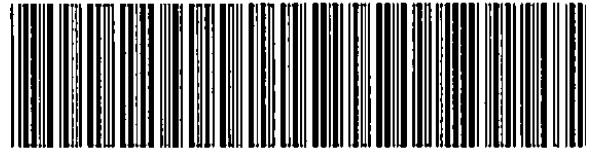
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

LA.  
12/30/20

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Merganser Property, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlotte Dunworth

Name of Person

Firm/Company

965 Shalimar Point Drive

Address

Shalimar, Florida 32579

City/State and Zip Code

charant@cox.net

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

For further information concerning this matter, please call:

Byron E. Cotton

Name of Person

at ( 850 )

Area Code

651-9900

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

Merganser Property, LLC

**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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>Kevin Dunworth</u>	<u>965 Shalimar Point Drive</u>	<input type="checkbox"/> Add
		<u>Shalimar, Florida 32579</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change

<u>MGR</u>	<u>Charlotte Dunworth</u>	<u>965 Shalimar Point Drive</u>	<input type="checkbox"/> Add
		<u>Shalimar, Florida 32579</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change

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

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

this document is being filed to correct the original filing and accurately identify Kevin  
Dunworth and Charlotte Dunworth as Managers of the LLC

**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 November 20, 2020



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Charlotte Dunworth

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**