

L20 000260659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

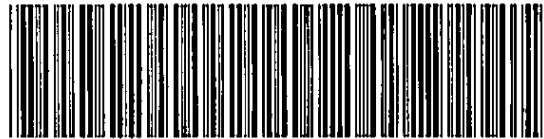
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 Lifestyle Management, 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:

Kimberly Conry-Williams

Name of Person

A-1 Lifestyle Management, LLC

Firm/Company

PO BOX 45176

Address

Tampa, FL 33677

City/State and Zip Code

alllifestylemanagement@gmail.com

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

For further information concerning this matter, please call:

Kimberly Conry-Williams

813

616-0653

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

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

2020 S 10 PM 3:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kimberly Conry-Williams	3702 1/2 E Shadowlawn Ave	☐ Add
		Tampa, FL 33610	☐ Remove
			☒ Change
MGR	Carleane Conry-Olczak	3702 1/2 E Shadowlawn Ave	☐ Add
		Tampa, FL 33610	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

2020 SEP 10 PM 3:44

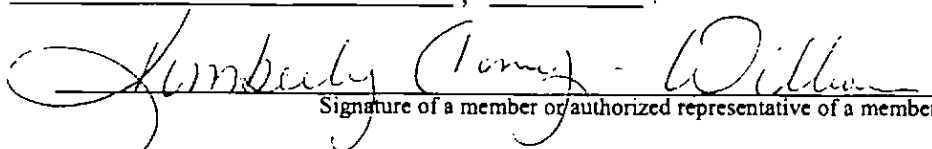
E. Effective date, if other than the date of filing: August 27, 2020 **(optional)**

(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 September 11, 2020



Signature of a member or authorized representative of a member

Kimberly Conry-Williams

Typed or printed name of signee