

L20000 265744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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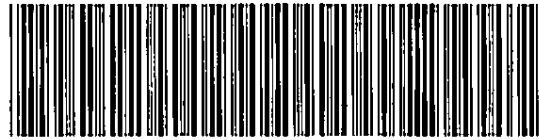
(Business Entity Name)

(Document Number)

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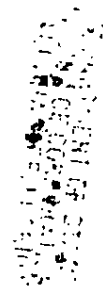
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S. YOUNG



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>
MGR	Grant Phelan	3820 Via Del Rey	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Phelan	3820 Via Del Rey	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen Phelan	3820 Via Del Rey	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Phelan Holdings, Inc.	3820 Via Del Rey	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**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 September 16, 2020

- DocuSigned by:

Grant Phelan

- 18D068B19805449 ..

Signature of a member or authorized representative of a member

Grant Phelan

Typed or printed name of signee

**Filing Fee: \$25.00**