

L20 000 320458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

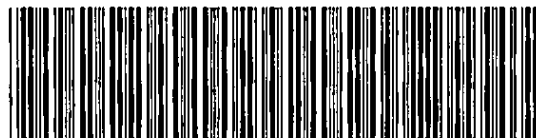
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/14/20--01017--023 **25.00

S TALLENT

JAN 27 2021

7:28 DEC 14 PM 6:31

Handwritten signature
K/C

December 7, 2020

Registration Section

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

To whom it may concern,

I am requesting a name change for my recently formed Florida PLLC (Gulfshore Business Brokers PLLC) to James Menton PLLC. This request has been asked of me by the Florida DBPR as it relates to Florida Real Estate Licences.

I've included within, the change name application and a check in the amount of \$25.00 as requested.

Sincerely

James Menton

508.468.4015

Jmenton1@gmail.com

A handwritten signature in black ink, appearing to be 'J. Menton', written over a circular stamp or seal.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulfshore Business Brokers

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:

James C Menton

Name of Person

Firm/Company

13061 Hamilton Harbour Dr unit R7

Address

Naples Florida 34110

City/State and Zip Code

jmenton1@gmail.com

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

For further information concerning this matter, please call:

James Menton

508

468.4015

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 12/1/2020.

James M. Menter
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMES MENTON

Typed or printed name of signee

Filing Fee: \$25.00