

LA 10000 73269

(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:

5/5/21
Tm

Office Use Only



300361955993

03/16/21--01024--017 **25.00

21 MAR 16 PM 4:09

CLERK OF COURT
DIVISION OF COURT CLERK

BOOKER & ASSOCIATES, P.A.
ATTORNEYS AT LAW

KIM C. BOOKER
Kbooker@bookerandassoc.com

ANDREW F. LANGENBACH
AndrewL@bookerandassoc.com

1019 TOWN CENTER DRIVE, SUITE 201
ORANGE CITY, FLORIDA 32763
PHONE (386) 774-6552
FAX (386) 774-5997

March 9, 2021

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: *Ravenshill 209, LLC*

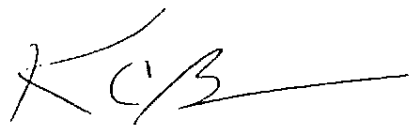
Dear Sir/Madam:

Enclosed herein please find Articles of Amendment to Articles of Organization of Ravenshill 209, LLC, along with a check in the amount of \$25.00 for the filing fee. Kindly return a copy of said amendment to our office in the enclosed, self-addressed, stamped envelop.

If you have any questions regarding this matter, please do not hesitate to contact my office.

Sincerely,

Booker & Associates, P.A.

By: 

Kim C. Booker, Attorney at Law

KCB:mmm

Enclosures

DEPARTMENT OF STATE DIVISION OF CORPORATION

21 MAR 16 PM 4:09

(A Florida Limited Liability Company)

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

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS

Title	Name	Address	21 MAR 16 PM 4: 09	Type of Action
MGR	Vidar Antonsen	211 Ravenshill Way	<input checked="" type="checkbox"/>	Add
		DeLand, Florida 32724	<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
MGR	Bjornar Olsen	209 Ravenshill Way	<input type="checkbox"/>	Add
		DeLand, Florida 32724	<input checked="" 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
			<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.)*

DEPARTMENT OF STATE
DIVISION OF CORPORATION

21 MAR 16 PM 4:09

E. Effective date, if other than the date of filing: _____ (optional)

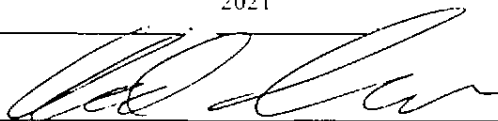
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 March 9

2021



Signature of a member or authorized representative of a member

Vidar Antonsen

Typed or printed name of signee