

L210000 83883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TUBALCAIN PROPERTIES 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:

JOHNATHAN M. SCRIVEN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

222 NW 25TH STREET

\_\_\_\_\_  
Address

OCALA, FL 34475

\_\_\_\_\_  
City/State and Zip Code

QNVITA@YAHOO.COM

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

For further information concerning this matter, please call:

JOHNATHAN SCRIVEN

352

4264103

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 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>
PRES	JOHNATHAN SCRIVEN	222 NW 25TH STEET	<input checked="" type="checkbox"/> Add
		Ocala, FL 34475	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WILLIAM HILL	6 CHERRY DRIVE LANE	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TREVITA JONES	PO BOX 550072	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32855	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 July 10, 2021.

Jonathan Schwen  
Signature of a member or authorized representative of a member

Johnathan Scriven  
Typed or printed name of signee