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2021 AUG -2 PM 2:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9 Sevilla St., 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:

Richard L. Bricciani II, Esq.  
Name of Person

St. Augustine LALU Group, P.A.  
Firm/Company

2740 US HWY 1 S.  
Address

St. Augustine, FL 32056  
City/State and Zip Code

rich@staugustinelalugroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Newton at (904) 910-7777  
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. Monroc Street, Suite 810  
Tallahassee, FL 32303

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

As an 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	Christopher L. Gammell	9 Sevilla St St. Augustine, FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Humble Pie Beverage Living Trust	99 King Street #4324 St. Augustine, FL 32084	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

*[This section is crossed out with a large diagonal line.]*

**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.

7/29/2021 | 7:03 PM EDT

Dated \_\_\_\_\_, \_\_\_\_\_.

DocuSigned by:

*Christopher L. Gemmell*

Owner

10BLL1013022430

Signature of a member or authorized representative of a member

Christopher L. Gemmell

\_\_\_\_\_  
Typed or printed name of signer