

# L21000242324

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

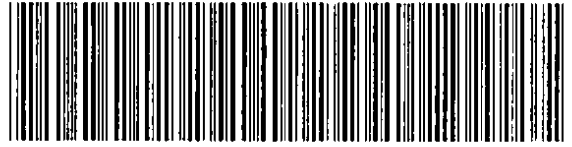
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

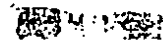
Office Use Only



600411661116

07/05/23--01027--019 \*\*25.00

2023-05 PM 7:07  
STATE  
OFFICE, FL  
FILED



R. HUNT

07/05/23

6/29/2023

Enclosed is form for change of name  
of an LLC, with a check for fee.

Mailing address:

Susie Mautsby  
123 Center St  
Naples, FL 34108

(239) 250-0995

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RONEYMIAMI 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:

Susie Maulsby

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

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

123 Center St.

\_\_\_\_\_  
Address

Naples, FL 34108

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

soocy1234@aol.com

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

REC'D  
-5 PM 7:07  
DIV OF STATE  
TALLHASSEE, FL

For further information concerning this matter, please call:

Susie Maulsby

239

2500995

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2022  
JAN 27  
PM 4:07  
STATE  
FL  
ED

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

2023-05-15 PM 7:07  
CLERK OF STATE  
TALLAHASSEE, FL

**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 June 28, 2023

Signature of a member or authorized representative of a member

Susie Maulsby

Typed or printed name of signee