

K21000 274461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

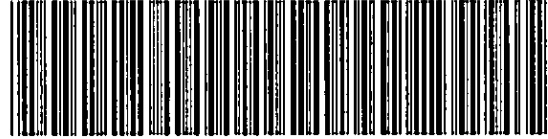
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/21--01010--006 **30.00

7/26/21

2021-07-26
10:00 AM
JUL 26 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kestrel Capital 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:

James Carpenter

Name of Person

Kestrel Capital LLC, Kestrel Group Inc

Firm/Company

7406 Laura St N

Address

Jacksonville, FL 32208

City/State and Zip Code

kestrel@fastmail.com

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

For further information concerning this matter, please call:

James Carpenter

904

654-6845

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>
P	Carpenter, James		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Carpenter, Lausanne		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kestrel Group, Inc	P18000078255	<input checked="" type="checkbox"/> Add
		7406 Laura St N	<input type="checkbox"/> Remove
		Jacksonville, FL 32208	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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)

Dated June 30 2021

Signature of a

Signature of a member or authorized representative of a member

James Carpenter, Registered Agent of Ketrel Capital LLC and President of Kestrel Group Inc

Typed or printed name of signee

Filing Fee: \$25.00