

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000230760 3)))



H220002307603ABCW

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.
Account Number : I20090000014
Phone : (941)907-3999
Fax Number : (941)896-4812

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: athomas@najmythompson.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGHT CANVAS WAD, LLC**

Certificate of Status	0
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JUL -7 2022

AL SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Audit No. H22000230760 3

TO: Registration Section
Division of Corporations

SUBJECT: SIGHT CANVAS WAD, 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:

Aaron M. Thomas, Esq.

Name of Person

Najmy Thompson, P.L.

Firm/Company

1401 8th Avenue West

Address

Bradenton, FL 34205

City/State and Zip Code

athomas@najmythompson.com

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

For further information concerning this matter, please call:

Aaron M. Thomas

813

440-2100

Name of Person

at ()

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

Audit No. H22000230760 3

Audit No. H22000230760 3

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

Audit No. H22000230760 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Audit No. H22000230760 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sight FMRW LLC	1925 E. 6TH AVE	<input type="checkbox"/> Add
		TAMPA, FL 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SIGHT DEVELOPMENT, LLC	1925 E. 6TH AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33605	<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"/> Remove
			<input type="checkbox"/> Change

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FILED

Audit No. H22000230760 3

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

100

2022 JUL -6 AM 10:24

10


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 JULY 6 2022

6  Signature of a man

Signature of a member or authorized representative of a member

AARON M. THOMAS

Typed or printed name of signee