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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECURITY & EMT
TALLAHASSEE, FL

cf 5/14/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elizabeth Well Real Estate

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Wells

Name of Person

Firm/Company

2577 Alexia Circle

Address

Jacksonville, FL 32246-0007

City/State and Zip Code

elizabeth.wells@evusa.com

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

For further information concerning this matter, please call:

Elizabeth Wells

904 432-5749

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

[illegible]

[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.

Elizabeth Wille
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00