

L22 000117329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

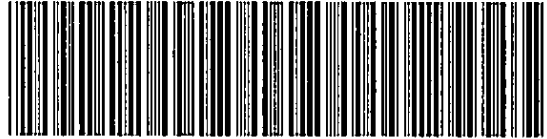
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RECEIVED
FILING OFFICE
SEP 23 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Compassionate Care Sanctuary 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:

Marion C. English-Rowe

Name of Person

Compassionate Care Sanctuary LLC

Firm/Company

1760 Windward Oaks Ct.

Address

Kissimmee, FL 34746

City/State and Zip Code

mrowe83755@gmail.com

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

For further information concerning this matter, please call:

Marion English-Rowe

347 526-0863
at ()

Name of Person

Area Code

Daytime Telephone Number

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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>
AMBR	Marion C. English-Rowe	1760 Windward Oaks Ct.	<input type="checkbox"/> Add
		Kissimmee, FL 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anthony Rowe	1760 Windward Oaks Ct.	<input type="checkbox"/> Add
		Kissimmee, FL 34746	<input checked="" 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

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

22 SEP 23 PM 3:06

14-00000

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 September 12, 2022

McEwen

Signature of a member or authorized representative of a member

Marion C. English-Rowe

Typed or printed name of signee

Filing Fee: \$25.00