

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 07666602140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

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

Email Address: elainas@jpfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
8122 PROPERTY, LLC**

Certificate of Status	0
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## COVER LETTER

TO: Registration Section  
Division of Corporations

H22000301041 3

SUBJECT: 8122 PROPERTY, 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:

HARVEY A. FORD, ESQ.

Name of Person

JOHNSON, POPE, BOKER, RUPPEL & BURNS, LLP

Firm/Company

490 1ST AVENUE SOUTH, SUITE 700

Address

ST. PETERSBURG, FLORIDA 33701

City/State and Zip Code

ELAINAS@JPFIRM.COM

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

For further information concerning this matter, please call:

HARVEY A. FORD, ESQ.

727

999-9900

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H22000301041 3

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

H22000301041 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:

MGR = Manager

AMBR = Authorized Member

H22000301041 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BHATHAL INVESTMENTS, LLC	2739 VIA CAPRI, UNIT 1020	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SKY LIFE INVESTMENTS, LLC	100 PIERCE STREET, UNIT 910	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMANPREET BHATHAL	2739 VIA CAPRI, UNIT 1020	<input checked="" type="checkbox"/> Add
		CLEARWATER, FLORIDA 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRETT REUTER	100 PIERCE STREET, UNIT 910	<input checked="" type="checkbox"/> Add
		CLEARWATER, FLORIDA 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated September 1, 2022

  
Signature of a member or authorized representative

Typed or printed name of signee