

L22000465052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

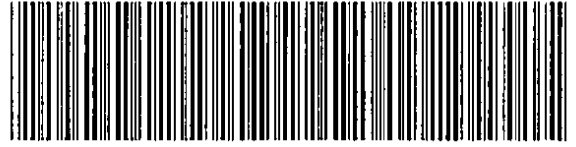
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. ALISON D. EDWARDS PLLC
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:

DR. ALISON D. EDWARDS
Name of Person
DR. ALISON D. EDWARDS PLLC
Firm/Company
1510 SE ~~36th~~ 20th CT.
Address
CAPE CORAL, FL 33990
City/State and Zip Code
alisondianeedwards@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISON EDWARDS at (603) 209 5549
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALISON EDWARDS	1510 SE 20 th CT	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL	<input type="checkbox"/> Remove
		33990	<input type="checkbox"/> Change
MGR	PAUL EDWARDS	1510 SE 20 th CT	<input type="checkbox"/> Add
		CAPE CORAL, FL	<input checked="" type="checkbox"/> Remove
		33990	<input type="checkbox"/> Change
Authorized signer	PAUL EDWARDS	1510 SE 20 th CT	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL	<input type="checkbox"/> Remove
		33990	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.

Alison O'Edwards DVM
Signature of a member or authorized representative of a member

ALISON D EDWARDS DVM
Typed or printed name of signer

2017-11-12:15

Filing Fee: \$25.00