

L22000503422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

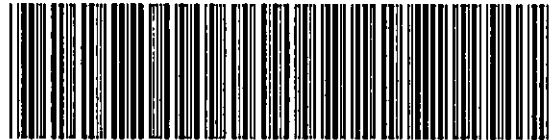
(Business Entity Name)

(Document Number)

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2022 DEC 27 PM 04:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4241 Silvana Way, 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:

Paul H Schindelar

Name of Person

4241 Silvana Way, LLC

Firm/Company

2071 Lake Ridge Drive

Address

The Villages, FL 32162

City/State and Zip Code

paulschindelar@aol.com

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

For further information concerning this matter, please call:

Paul H Schindelar

410

340-2837

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 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	Paul H Schindelar	2071 Lake Ridge Drive	<input type="checkbox"/> Add
		The Villages, FL 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul H Schindelar	2071 Lake Ridge Drive	<input checked="" type="checkbox"/> Add
		The Villages, FL 32162	<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"/> Change


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

The purpose of this amendment is to remove Paul H Schindelar as an AUTHORIZED MEMBER and to reclassify his position within the company to MANAGER.

E. Effective date, if other than the date of filing: 01-01-2023 **(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 December 21, 2022



Signature of a member or authorized representative of a member

Paul H Schindelar

Typed or printed name of signer