

L23 000 321 095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

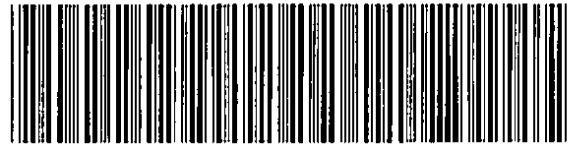
(Document Number)

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2023 NOV 17 PM 5:55

cf 12/1/2023

COVER LETTER

TO: Registration Section
Division of Corporations

EAGLE'S NEST AT BLACKWATER, LLC

SUBJECT: _____
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:

Mark Welton

Name of Person

Welton Law Firm

Firm/Company

1020 S. Ferdon Blvd.

Address

Crestview, FL 32536

City/State and Zip Code

mark@weltonlawfirm.com

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

For further information concerning this matter, please call:

Mark Welton

850

682-2120

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 | Rachel Yordon | 4927 Antioch Road | <input checked="" type="checkbox"/> Add |
| | | Crestview, FL 32536 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Justin Robinson | 4927 Antioch Road | <input checked="" type="checkbox"/> Add |
| | | Crestview, FL 32536 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Mykel Robinson | 4927 Antioch Road | <input checked="" type="checkbox"/> Add |
| | | Crestview, FL 32536 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[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.

October 3, 2023

Signature of a member or authorized representative

Mark Welton, Authorized Person

Filing Fee: \$25.00