

L23000408989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

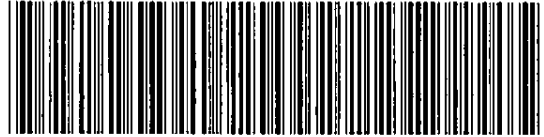
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700416751777

10/04/23--01031--022 **25.00

2023 OCT -4 AM 8:59

700416751777

A. PARISHANI

OCT 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OZONA OAKS 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:

MARK WELCH

Name of Person

Firm/Company

2231 PADDOCK CIRCLE

Address

DUNEDIN, FL 3468

City/State and Zip Code

mark.g.welch@gmail.com

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

For further information concerning this matter, please call:

MARK WELCH

727 510-2315
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	COLLEEN WELCH	2231 PADDOCK CIRCLE	<input type="checkbox"/> Add
		DUNEDIN, FL 34698	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			2023 <input type="checkbox"/> Change
			CT - 1 <input type="checkbox"/> Add
			AM <input type="checkbox"/> Remove
			59 <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2023 OCT -1, AM 8:59

(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.

Dated 10/2/2023 _____

MARK WELCH

Typed or printed name of signee

Filing Fee: \$25.00