

L24000492715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

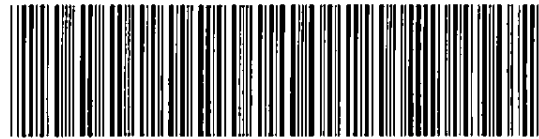
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEEL NAPLES, 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:

LEE POPKIN

Name of Person

LONG, RAGSDALE & WATERS, PC

Firm/Company

1111 N. Northshore Drive, Suite S-700

Address

Knoxville TN 37919

City/State and Zip Code

todd@keeldevelopment.com

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

For further information concerning this matter, please call:

Lee Popkin

865 584-4040

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

signed

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

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 | SHANNON HARPER | 1119 Scenic Drive | <input type="checkbox"/> Add |
| | | Knoxville TN 37919 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CHARLES CARDON SMITH | 597 OHIO AVE | <input type="checkbox"/> Add |
| | | SIGNAL MOUNTAIN TN 37777 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | STANTON BENNETT PEPPERS | 3761 REVENUEERS LANE | <input type="checkbox"/> Add |
| | | SIGNAL MOUNTAIN TN 37377 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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This image shows a single page from a notebook or ledger. It features ten evenly spaced, thin black horizontal lines running across the width of the page. The background is plain white, and there are no margins, headers, footers, or other markings present.

(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.

2024

Smith, Authorized Representative

Signature of a member or authorized representative of a member

LEE POPKIN

Typed or printed name of signee

Filing Fee: \$25.00