

L97000000282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

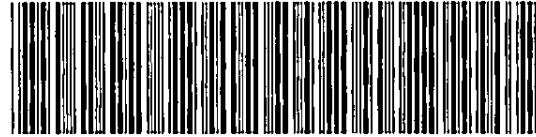
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTONI-WOLLMAN, L.C.
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:

JODI RUBIN

Name of Person

SANTONI-WOLLMAN, L.C.

Firm/Company

5820 PULASKI HWY.

Address

BALTIMORE, MD 21205

City/State and Zip Code

DHROSE1220@GMAIL.COM

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

For further information concerning this matter, please call:

JODI RUBIN

410 608-3584
at () 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

SANTONI-WOLLMAN, L.C.

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	ROBERT WOLLMAN	5820 PULASKI HWY	<input type="checkbox"/> Add
		BALTIMORE, MD 21205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JODI RUBIN	5820 PULASKI HWY	<input checked="" type="checkbox"/> Add
		BALTIMORE, MD 21205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL ROSE	6014 RIVERGROVE BEND DRIVE	<input checked="" type="checkbox"/> Add
		HUMBLE, TX 77346	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BERNICE SANTONI	6015 RIVER TIMBER DRIVE	<input type="checkbox"/> Add
		HUMBLE, TX 77346	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

.)

(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 AUGUST 4 2021

Heaven 10. St. Louis

Signature of a member or authorized representative of a member

BERNICE SANTONI

Typed or printed name of signee