

2970000001443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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S. PRATHER

CAVITCH

FAMILO & DURKIN
Legal Professional Association

LaVerne B. Strong
Paralegal
lstrong@cavitch.com

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Cleveland, Ohio 44114
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October 18, 2018

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

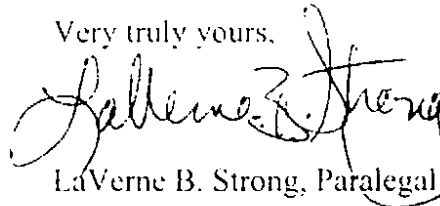
Re: The Chrostowski Family Limited Company

Dear Sir:

Enclosed for filing is the Articles of Amendment to Articles of Organization of The Chrostowski Family Limited Company along with a check in the amount of \$25,000 representing the applicable filing fee. Please return the acknowledgement to my attention.

If you have any questions about this filing, please contact me.

Very truly yours,



LaVerne B. Strong, Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Chrostowski Family Limited Company

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:

LaVerne B. Strong

Name of Person

Cavitch, Familo & Durkin Co., L.P.A.

Firm/Company

1300 E. 9th St., 20th Fl.

Address

Cleveland, Ohio 44114

City/State and Zip Code

LStrong@Cavitch.com

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

For further information concerning this matter, please call:

LaVerne B. Strong

216

621-7860

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Article III - Duration

The period of duration for the Limited Liability Company shall be: Perpetual

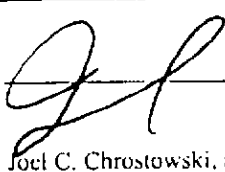
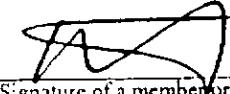
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 17, 2018

 
Signature of a member or authorized representative of a member

Joel C. Chrostowski, authorized representative

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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