

M 19 0000 12186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

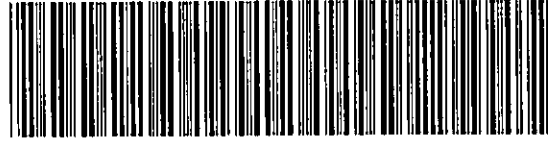
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 APR 17 AM 7:53

U.S. DEPT. OF COMMERCE

C. GOLDEN

APR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADE 847, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEERA WEYERS WALKER
Name of Person

ADE 847, LLC
Firm/Company

3600 CANTRELL ROAD, NE
Address

ATLANTA GA 30319
City/State and Zip Code

nww2020@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neera Weyers Walker 404 886-1612
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2020

MEGAN BEHMKE
200 FRONT STREET
KEY WEST, FL 33040

SUBJECT: ADE 847, LLC
Ref. Number: M19000012186

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00005974



2020 AP

4:54

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2020

MEGAN BEHMKE
200 FRONT STREET
KEY WEST, FL 33040

SUBJECT: ADE 847, LLC
Ref. Number: M19000012186

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00004039

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

2019 11 17 AM 7:53

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ADE 847, LLC

Enter new principal office address, if applicable: 3600 CANTRELL ROAD, NE

ATLANTA, GA 30319
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

3600 CANTRELL ROAD, NE
ATLANTA, GA 30319
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M190000012186

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 22 NOVEMBER 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

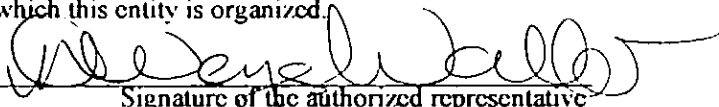
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Representative AMBR Manager	WALKER NEEVBA WEYERS	3600 Cantrell Rd, NE Atlanta, Ga 30319	<input checked="" type="checkbox"/> Add
		200 Front Street	<input checked="" type="checkbox"/> Remove
Auth. Person	Compass Realty	Key West, FL 33040	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

NEEVBA WEYERS WALKER
 Typed or printed name of signee

Filing Fee: \$25.00