

# L21 000084084

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

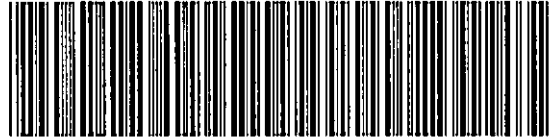
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SIP  
TALLAHASSEE, FL 32304

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Linfaceted, 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:

Lindsey Montazeme

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

200 Jacaranda Drive, B6

\_\_\_\_\_  
Address

Plantation, FL 33324

\_\_\_\_\_  
City/State and Zip Code

lindseymontazeme@gmail.com

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

For further information concerning this matter, please call:

Lindsey Montazeme

9543835447

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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**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>
MGR	LINDSEY MONTAZEME	200 JACARANDA DRIVE	<input type="checkbox"/> Add
		B6	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change
P	LINDSEY MONTAZEME	200 JACARANDA DRIVE	<input checked="" type="checkbox"/> Add
		B6	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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—T—  
—F—  
—M—  
—D—

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WILLIAM F. O'DONN

**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.

Dated March 4 . 2021

Lindsey Montague  
Signature of a member or authorized representative of a member

Lindsey Montazeme  
Typed or printed name of signer

**Filing Fee: \$25.00**