

L23000482435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

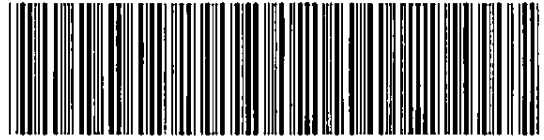
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600418932356

11/17/23--01016--001 \*\*30.00

K4  
12/5/23

FILED  
2023 NOV 17 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: MAD MUST HAVZ 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:

ADAM DEMIANCZYK

Name of Person

MAD MUST HAVZ LLC

Firm/Company

14281 CAIN AVE.

Address

PORT CHARLOTTE, FLORIDA 33953

City/State and Zip Code

68pont@gmail.com

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

For further information concerning this matter, please call:

ADAM DEMIANCZYK

Name of Person

203

at ( )

Area Code

751-1672

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

FILED  
2023 NOV 17 PM 2:39  
TALLAHASSEE, FL  
SECRETARY OF STATE

**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         | ADAM DEMIANCZYK | 14281 CAIN AVE.               | <input type="checkbox"/> Add               |
|              |                 | PORT CHARLOTTE, FLORIDA 33953 | <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            |
|              |                 |                               | <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            |

2023 NOV 17 PM 2:39  
STATE OF FLORIDA  
SECRETARY OF STATE

FILED

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

*(Handwritten: A diagonal line is drawn across the first two lines of the section.)*

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.

**FILED**  
2023 NOV 17 PM 2:39  
STATE  
TALLAHASSEE, FL

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 NOV 15 2023

*(Handwritten signature: Adam Demianczyk)*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ADAM DEMIANCZYK

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00