

L15000157457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

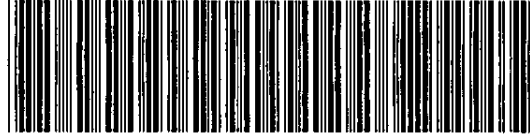
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE BUSINESS SHOP 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:

PEDRO FORT

Name of Person

THE BUSINESS SHOP LLC

Firm/Company

1580 SAWGRASS CORPORATE PKWY SUITE 130

Address

SUNRISE, FL 33323

City/State and Zip Code

pedro.fort.b@gmail.com

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

For further information concerning this matter, please call:

PEDRO FORT

954
at ()

315-4620

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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TALLAHASSEE, FLORIDA

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THE BUSINESS SHOP LLC

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> |
|--------------|-------------|-------------------------|---|
| AMBR | PEDRO FORT | 1580 SAWGRASS CORP Pkwy | <input checked="" type="checkbox"/> Add |
| | | SUITE 130 | <input type="checkbox"/> Remove |
| | | SUNRISE, FL 33323 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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.

(b) The 90th day after the record is filed.

Dated DECEMBER 18 2015

[Handwritten signature]

Signature of a member or authorized representative of a member

PEDRO FORT

Typed or printed name of signee

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FLORIDA
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Pursuant to 605.0207 (F.S.)
on the earlier of