

L10000 112024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

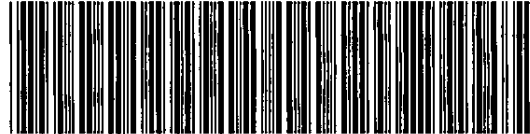
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800288636548

08/04/16--01026--018 \*\*25.00

FILED  
2016 AUG -4 A 11:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

AUG 05 2016  
BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2468 Management, 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:

Mia A. Thomas  
Name of Person

Mia A. Thomas, CPA  
Firm/Company

1408 E. Robinson Street  
Address

Orlando, FL 32801  
City/State and Zip Code

mthomas@miathomascpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia A. Thomas at ( 407 ) 440-2825  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2016 AUG -4 A 11:09  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT



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	Kim L. Hua	1560 Watersedge Road	<input checked="" type="checkbox"/> Add
		Mississauga, Ontario L5J1A4	<input type="checkbox"/> Remove
		CANADA	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2016 AUG - 4  
MILWAUKEE, WISCONSIN  
A 11 10

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

2016 AUG -4 A 11 10  
FALLS CHURCH, VIRGINIA

FILED  
2016 AUG -4 A 11 10  
FALLS CHURCH VIRGINIA

**E. Effective date, if other than the date of filing:** 7/29/2016 (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 July 29, \_\_\_\_\_, 2016

*Karin L. Huang*  
Signature of a member of au

Signature of a member or authorized representative of a member

Kim L. Hua

Typed or printed name of signee