

15000174952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

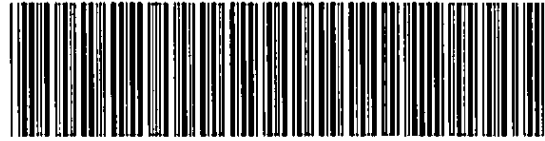
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FBI - ALBRITTON

Name chg

FEB 21 2019
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: My Dress Life Story 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:

Erica P. Queely

Name of Person

My Dress Life Story LLC

Firm/Company

1232 Middlebrook Drive

Address

Pensacola Florida 32506

City/State and Zip Code

mydresslifestory@gmail.com

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

For further information concerning this matter, please call:

Erica P. Queely

407 790-5020

at (_____) _____

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

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>
N/A	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
N/A	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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