

L20000272934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

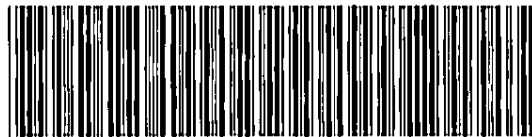
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 14 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM7 CHIPA ENTERPRISES 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:

DEREK MORGAN SR
Name of Person

Firm/Company

4101 Cool Emerald Drive
Address

Tallahassee, FL 32303
City/State and Zip Code

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

For further information concerning this matter, please call:

DEREK MORGAN at 850 411-9353
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MM CHOLA ENTERPRISE LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

DOB	NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
1968	DEREK MORGAN	469 Cool Emerald Dr	Tallahassee	FL	32303			☒ Add
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(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)

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.

~~Home~~ 2021

Signature of a member or authorized representative

DERRICK MORGAN

Filing Fee: \$25.00