

L23 000 155 652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

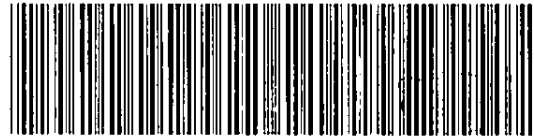
(Business Entity Name)

(Document Number)

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REGISTRATION SERVICE
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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AI BUSINESS ADVISOR, 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:

CAITLAN J SHERMAN

Name of Person

Firm/Company

450-106 SR 13 STE 438

Address

SAINT JOHNS, FLORIDA 32259

City/State and Zip Code

SHERM4B2B@GMAIL.COM

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

For further information concerning this matter, please call:

CAITLAN J SHERMAN

at 904 466-2558
Area Code Daytime Telephone Number

Name of Person

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

11

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.

Dated MAY 2, 2023

CANTILANO SHERMAN
Signature of a member or authorized representative of a member

CAITLAN J SHERMAN

Typed or printed name of signee

Filing Fee: \$25.00