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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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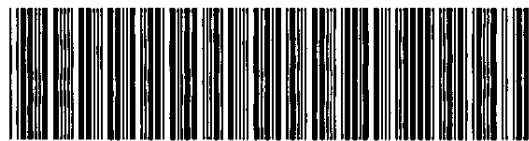
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & A Limited Liability Company
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:

Bruce Hornstein, Esq.

Name of Person

Bruce Hornstein, P.A.

Firm/Company

317-71st Street

Address

Miami Beach, FL 33141

City/State and Zip Code

bhornstein@hornsteinpa.com

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

For further information concerning this matter, please call:

Bruce Hornstein

Name of Person

305 865-4311

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
FALL MASSACHUSETTS

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11/13/2013

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

Articles of Organization to change term to 12/31/2043

Dated November 6, 2013.

X Angela Ng
Signature of a member or authorized representative of a member
Angela Ng
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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