## LOHOONS 375

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TALLABASSE CLORIDA

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	eyer Enter	Ovises LTD C hted Liability Company	2019 J
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	₩ -3
Please return all correspo	ondence concerning this matter	to the following:	
	leri	vy Meyev Name of Person	PH 3: 49
	Meyer	Name of Person  V Enterprises L Firm/Company	-TD CO
	<u>477</u>	Sould Road	
	Quina	City/State and Zip Code  MCCOV 56 56 Co  to be used for future annual report notific	135/
	E-mail address: (	Meyev 56 56@ o to be used for future annual report notifi	AMAIL.COM
For further information c	oncerning this matter, please ca	all:	
/ evry	Meyev f Person	$\frac{1}{\text{Area Code}} \frac{850}{\text{Daytime}}$	Telephone Number
Enclosed is a check for the	ne 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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Travis Majer		Add	
J		477 Gould Road	Remove	
		Quincy FL 32351 477 Gould Road	` `	
MGR	MIRNA EAMES	477 Gould Road	Add	
		Quincy FL 323	5/ Remove	
			Change	
			2018	
			APPROVED BLEDS  JUL 3 PH 3	
			Remove	
			Change	
			Add	
			□ Remove	
			Change	
			Add	
			Remove	
			□ Change	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: