

LU 5000118107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harris and Hyde 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:

Laura Harris

Name of Person

Harris and Hyde LLC

Firm/Company

5851 Heronpark Place

Address

Lithia FL 33547

City/State and Zip Code

harrishyde@gmail.com

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

For further information concerning this matter, please call:

Laura Harris

813 323-2935
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Harris and Hyde LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Leighton Hyde	6119 Churchside Dr	<input type="checkbox"/> Add
		Lithia FL 33547	<input checked="" type="checkbox"/> Remove
MGR	Laura Harris	5851 Heronpark PL	<input checked="" type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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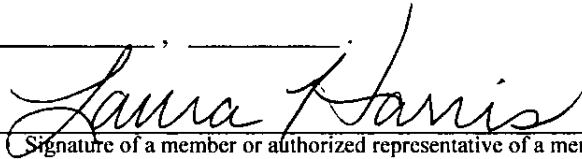
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TALLAHASSEE FLORIDA
14 OCT 27 AM 3:00

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21, 2014



Signature of a member or authorized representative of a member

Laura Harris

Typed or printed name of signee

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Filing Fee: \$25.00

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