

LOG000092746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

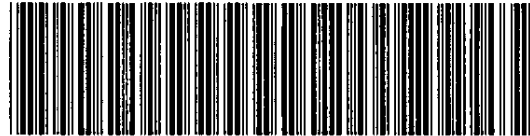
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 13 2015

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6600 - 4TH STREET NORTH, L L C

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:

DONNA ROBBINS

Name of Person

BUSINESS SERVICE SYSTEMS PA

Firm/Company

6600 4TH STREET N, STE 101

Address

ST PETERSBURG, FL 33702

City/State and Zip Code

JIMWEBERCPA@AOL.COM

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

For further information concerning this matter, please call:

DONNA ROBBINS

727 520-8652  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|--------------|-----------------------------|--|
| MGRM         | THOMAS FROST | 6600 4TH STREET N, STE. 101 | <input type="checkbox"/> Add               |
|              |              | ST PETERSBURG, FL 33702     | <input checked="" type="checkbox"/> Remove |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
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|              |              |                             | <input type="checkbox"/> Add               |
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|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
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|              |              |                             | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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 10/7/15

Typed or printed name of signee