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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Pertified Copies Certificates of Status  Special Instructions to Filing Officer:		
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## **COVER LETTER**

Division of Corporations
SUBJECT: LS & S LLC
Name of Limited Liability Company
20cument # L07000016742 FEVEIN 20-8456909
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda Scorgie Name of Person
DBA Vogue Vacations Firm/Company
4252 Sw Tumble Street
Port St Lucie Florida 34953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Scaraie  at (77a) 344-6474  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

### MAILING ADDRESS:

TO:

Registration Section

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

# **COVER LETTER**

Division of Corporations  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code  Daytine Telephone Number			
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Name of Limited Liability Company  he enclosed Articles of Amendment and fee(s) are submitted for tiling.  lease return all correspondence concerning this matter to the following:    Name of Person			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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		Address	
		City/State and Zip Code	<del></del>
Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filling.  Please return all correspondence concerning this matter to the following:    Name of Person			
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□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being add	ed
or removed from our records:	-	
MCD - Managem		

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	,	PortStlucie Fl 34953	Remove
			Change
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lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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If an e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a 90th day after the record is filed.	the earlier	of:
Datec	Linda Scorgie  Typed or printed name of signee		
	Londa Scarzie		
	Signature of a member or authorized representative of a member		
	Linda ScorgiE		

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Filing Fee: \$25.00