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TO: **Registration Section Division of Corporations**

- **`**•

Larr, bean wave Group SUBJECT: (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:

(Name of Person) rsh & Sac (Firm/Company) sister ia 210 (Address) 50 (City/State and Zip Code) AH 10: For further information concerning this matter, please call: CU L Sat (154) 575-869 (Area Code & Daytime Telephone Number) Englosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & **\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



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