

LD7000102432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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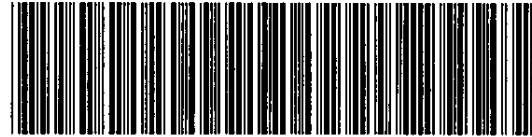
(Business Entity Name)

(Document Number)

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MAY 13 2014

J. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Impressional Weddings & Events, 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:

Adeline N. Pierre-Louis
Name of Person

Impressional Events, LLC
Firm/Company

900 NE 125th Street, Suite 200
Address

North Miami, FL 33161
City/State and Zip Code

anplouis@hotmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Adeline N. Pierre-Louis at (786) 355-8265
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Impressional Weddings + Events, LLC

Impressional Events, LLC.

900 NE 125th Street

Suite 206

North Miami, Fl. 33161

900 NE 125th Street

Suite 204

North Miami, Fl. 33161

Adeline N. Pierre-Louis

900 NE 125th Street, Suite 204

Enter Florida street address

North Miami

Florida

Cin

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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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 April 24, 2014.

Adeline N. Pierre-Louis

Signature of a member or authorized representative of a member

Adeline N. Pierre-Louis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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