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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. SAULSBERRY
EXAMINER
JUN 11 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Revenue Enhancers 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:

Stellian Ott

Name of Person

Revenue Enhancers LLC

Firm/Company

875 Military Trail

Address

Jupiter, FL 33458

City/State and Zip Code

szo1@yahoo.com

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

For further information concerning this matter, please call:

Stellian Ott

Name of Person

at (**561**) **746-2411**

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

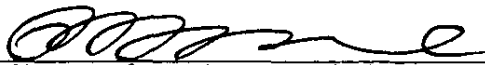
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

Rajendra Bansal

Typed or printed name of signee

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Filing Fee: \$25.00

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