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COVER LETTER

Division of Corporations Services >ERIRS 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: ARDERA Name of Pers <u>Survices</u>, LLC ARA ERNACE BL (Address) (City/State and Zip 1.44 M -For further information concerning this matter, please call: яt (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Con Oco co \$50.00 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) STREET/COURIER ADDRESS MAILING 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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Registration Section



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