

L08000 083 259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

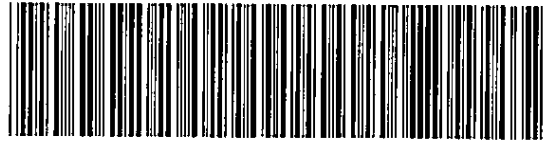
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/08/19--

2019.08.08 PM 6:25

Amend

AUG 13 2019  
I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIKABA INTERNATIONAL, 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:

ABDEL-AZIM BROWN

\_\_\_\_\_  
Name of Person

SIKABA INTERNATIONAL, LLC.

\_\_\_\_\_  
Firm/Company

11619 RENAISSANCE VIEW COURT

\_\_\_\_\_  
Address

TAMPA, FL 33626

\_\_\_\_\_  
City/State and Zip Code

INFO1@SIKABA.COM

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

For further information concerning this matter, please call:

ABDEL-AZIM BROWN

813 714-4304  
at ( )

\_\_\_\_\_  
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

SIKABA INTERNATIONAL, LLC.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	BROWN, DORIS E		<input type="checkbox"/> Add
		11619 RENAISSANCE VIEW COURT, TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jallow, Aliou S		<input type="checkbox"/> Add
		11619 RENAISSANCE VIEW COURT, TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 6, 2019

Erano

Signature of a member or authorized representative of a member

ABDEL-AZIM BROWN

Typed or printed name of signee