

LO9000019541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600277535286

09/29/15--01018--015 **25.00

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MESSAGE ENVY OF WINTER PARK, 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:

Tomer Taggart

Name of Person

Firm/Company

926 Aragon Avenue

Address

Winter Park, FL 32789

City/State and Zip Code

tomert@nvmetro.com

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

For further information concerning this matter, please call:

Maggie Connelly

at (407) 920-7390

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

FILED
15 SEP 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
15 SEP 22 PM 5:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 SEP 29 PM
SECRETARY OF
TREASURY
WASHINGTON

FILED
15 SEP 29 PM 4:00
STATE
SECRETARIAT OF
TAMMANSSEE
ALABAMA
(1)

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 22nd 2015

Signature of a member or authorized representative of a member

Tomer Taggart

Typed or printed name of signee