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DIVISION OF CORPORATIONS
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N. Culligan JAN 25 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zaphones 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:

Ryan Carvallo
Name of Person

Zaphones LLC
Firm/Company

267 Westlake Rd
Address

Palm Harbor FL 34684
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Carvallo at (727) 858 9744
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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

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> |
|--------------|------------------|--|--|
| MGR | Ryan Carvallo | 267 Westlake Rd Palm Harbor Fl 34684 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Bethany Carvallo | 267 Westlake Rd Palm Harbor Fl 34684 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

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Dated _____, _____.



 Signature of a member or authorized representative of a member

 Ryan Carvallo

 Typed or printed name of signee