

L09000072563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

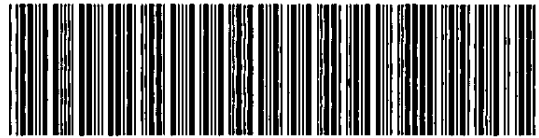
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 27 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. Morgan AUG 10 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Vemma 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:

Tosh Miller
Name of Person

Team Vemma LLC
Firm/Company

6 Tomoka Place
Address

Summerfield, FL 34491
City/State and Zip Code

Toshvip01@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tosh Miller at (704) 239-2686
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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TALLAHASSEE FLORIDA
CORDS

(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

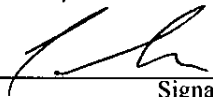
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Josh Miller	6 Tomoka Place Summerfield, FL 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated August 5th, 2009, 2009.


Signature of a member or authorized representative of a member

Christopher Swor
Typed or printed name of signee