

CU 000026449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

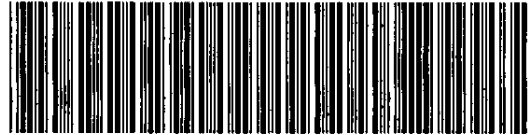
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/16--01006--002 **30.00

05/03/16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -3 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -2 AM 10:40

MAY 05 2016
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

ERIC AUMOITTE
1765 NE 145TH ST
MIAMI, FL 33181

SUBJECT: BUZZ KILL LLC.
Ref. Number: L10000026449

We have received your document for BUZZ KILL LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00007974

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUZZ KILL, 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:

ERIC AUMOITTE

Name of Person

Firm/Company

1765 NE 145TH STREET

Address

MIAMI, FL 33181

City/State and Zip Code

corsaimports@aol.com

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

For further information concerning this matter, please call:

ERIC AUMOITTE

786 999-5186
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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

6 MAY -3 AM 7:99
MAY -3 AM 7:99
MAY -3 AM 7:99

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 4/26/16, 2016

Signature of a member or authorized representative of a member

ERIC AUMOITTE

Typed or printed name of signee