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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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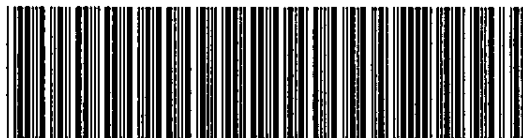
(Business Entity Name)

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J. Shivers MAR 04 2015

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 AM 9:23

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ADP Investments, 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:

Benjamin story
Name of Person

ADP Investments LLC
Firm/Company

1046 Person St
Address

Kissimmee FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Benjamin story at (407) 5304702
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ADP Investments, LLC

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 SECRETARY OF STATE
 WASHINGTON, D.C. 20520
 Code

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

On the registered Agent name & address appear
Everardo M. Santos. That is incorrect. He doesn't
have a middle initial. It is only Everardo Santos.
We think it was a typing mistake. Please correct it.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Signature of a member or authorized representative of a member

Benjamin Stony

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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