

L1000052449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

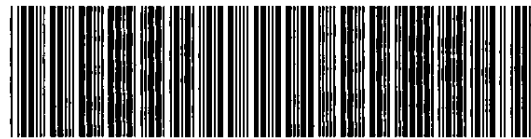
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G. MCLEOD

JUN 07 2010

EXAMINER



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06/04/10--01014--007 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN -4 PM 12:02

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sweet Jeni's 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:

Faisal Syed

Name of Person

Sweet Jeni's LLC

Firm/Company

PO Box 611058

Address

Rosemary Beach, FL 32461

City/State and Zip Code

faisal@di-ltd.com

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

For further information concerning this matter, please call:

Jenifer Syed

Name of Person

at ( 850 )

543-5948

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Sweet Jeni's LLC

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

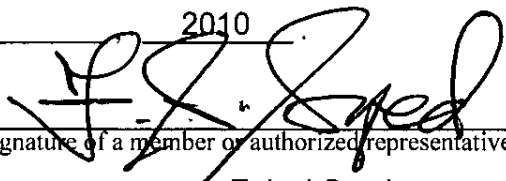
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marcia Simons	12190 Palm Drive Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 3rd 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Faisal Syed  
\_\_\_\_\_  
Typed or printed name of signee