

L10000059446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

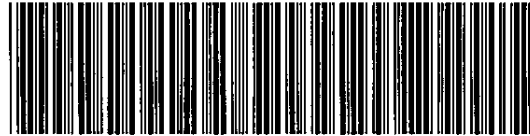
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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14 AUG 18 PM 3:57  
FALLS ASSOCIATES, INC.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Snugglebum #2,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:

Renee Bush

Name of Person

Firm/Company

2824 N. E. 20 Court

Address

Fort Lauderdale, Florida 33305

City/State and Zip Code

mb62082@aol.com

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

For further information concerning this matter, please call:

Renee Bush

Name of Person

at (954) 614-6551

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

## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                   |
|--------------|-------------------|-------------------|-----------------------------------------|
| MGR          | Michele Benavente | 2730 NE 25 Street | <input checked="" type="checkbox"/> Add |
|              |                   | Fort Lauderdale   | <input type="checkbox"/> Remove         |
|              |                   | Florida 33305     |                                         |
|              |                   |                   | <input type="checkbox"/> Add            |
|              |                   |                   | <input type="checkbox"/> Remove         |
|              |                   |                   |                                         |
|              |                   |                   | <input type="checkbox"/> Add            |
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|              |                   |                   | <input type="checkbox"/> Remove         |
|              |                   |                   |                                         |

PAID  
14 JUN 19 01:57  
CLERK

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

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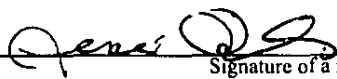
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 August 8th, 2014



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

Renee Bush

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

14 AUG 11 11 25 57  
CLERK OF COURT  
CLERK OF COURT