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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z Wrap of Florida
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:

Natalie R. Zuniga
Name of Person

Z Wrap of Florida
Firm/Company

38810 James Ct.
Address

Lephyr Hills, FL 33546
City/State and Zip Code

ZWrap1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Zuniga at (813) 783-6853
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

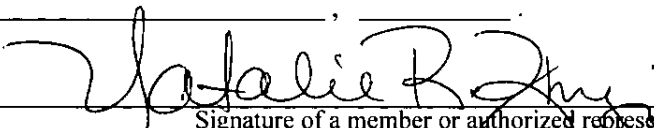
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MGR = Manager
MGRM = Managing Member

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

Dated _____,


Signature of a member or authorized representative of a member
Natalie B. Zuniga
Typed or printed name of signee

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Filing Fee: \$25.00

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