

LIDWV081983

(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:

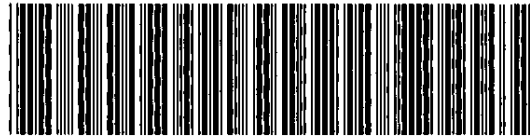
A

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AUG 21 2012

EXAMINER



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08/20/12 --01006--013 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 20 PM 3:51

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INCREDIBLE PROMOTIONS, 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:

**EDNA MARIE REBOLLEDO**

Name of Person

**INCREDIBLE PROMOTIONS, LLC**

Firm/Company

**270 BELVEDERE CT.**

Address

**PUNTA GORDA FL 33950**

City/State and Zip Code

**EDNABRYANT@GMAIL.COM**

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 AUG 20 PM 3:51

For further information concerning this matter, please call:

**EDNA MARIE REBOLLEDO**

Name of Person

at ( **941** )

**505-8464**

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

**INCREDIBLE PROMOTIONS, LLC**

and assigned

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:

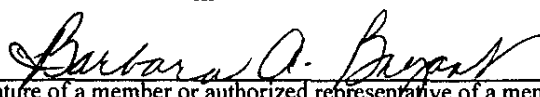
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                              | <u>Type of Action</u>                                                      |
|--------------|------------------|---------------------------------------------|----------------------------------------------------------------------------|
| Mrs.         | Barbara A Bryant | 270 Belvedere Court<br>Punta Gorda FL 33950 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated August 17, 2012

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

Barbara A. Bryant  
\_\_\_\_\_  
Typed or printed name of signee