

L110000004750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

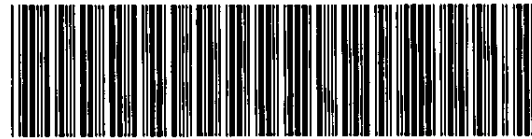
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cartridge Works Plus, 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:

**Steven Parker**

Name of Person

**Cartridge Works Plus, LLC**

Firm/Company

**193 Mary Esther Blvd**

Address

**Mary Esther, FL 32569**

City/State and Zip Code

**derivativedynamics@gmail.com**

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

For further information concerning this matter, please call:

**Steven Parker**

Name of Person

at **850 650-2221**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301



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          | Steven Parker | 193 Mary Esther Blvd  | <input checked="" type="checkbox"/> Add |
|              |               | Mary Esther, FL 32569 | <input type="checkbox"/> Remove         |
|              |               | 193 Mary Esther Blvd  |                                         |
| AMBR         | Kimbra Parker | Mary Esther, FL 32569 | <input checked="" type="checkbox"/> Add |
|              |               |                       | <input type="checkbox"/> Remove         |
|              |               |                       | <input type="checkbox"/> Add            |
|              |               |                       | <input type="checkbox"/> Remove         |
|              |               |                       | <input type="checkbox"/> Add            |
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|              |               |                       | <input type="checkbox"/> Remove         |

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

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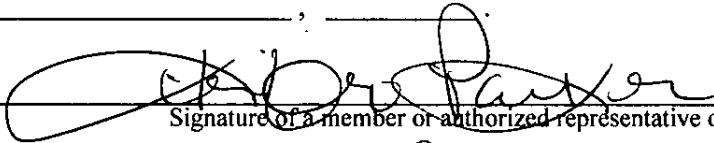
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

Kimbra Parker

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
ALABAMA