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2014 MAR 11 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 13 2014

## **Articles of Amendment (Cover Letter)**

iU We Consulting Group  
Sharon Gadbois, MGRM  
49 N. Federal Hwy, #207  
Pompano Beach, FL 33062  
PH: 954-540-7310  
E: [iuwemediagroup@gmail.com](mailto:iuwemediagroup@gmail.com)

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Social Media Bullies, LLC**  
Name of Limited Liability Company

OLD

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sharon Gadbois**

Name of Person



**iU We Consulting Group**

Firm/Company

NEW

**49 N. Federal Hwy, #207**

Address

**Pompano Beach, FL 33062**

City/State and Zip Code

**iuwemediagroup@gmail.com**

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

For further information concerning this matter, please call:

**Sharon Gadbois**

Name of Person

at **954 540-7310**

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

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~~SECRETARY OF STATE~~  
~~TALLAHASSEE, FLORIDA~~

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input 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
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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.)*

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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 March 2, 2014



Signature of a member or authorized representative of a member

**Sharon Gadbois, MGRM**

Typed or printed name of signee