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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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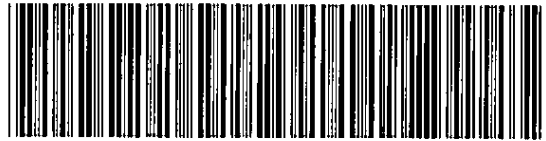
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Class A Printing 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:

Jonathan Conway
Name of Person

Jonathan Conway LLC
Firm/Company

50 Leon Way C2
Address

Palm Coast, FL 32137
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Conway at (386) 445-4375
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

Class A Printing LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
Fornder	Victor Flebotte	6 Fariston Place	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
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Dated June 17th, 2019

x Cristina Rico

Signature of a member or authorized representative of a member

Christina Rice

Typed or printed name of signee