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(Damiestar's Norse)				
(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
(Otty/Otalio/Elp/1 Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:	ı			
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Office Use Only

G. MCLEOD

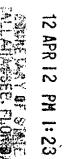
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EXAMINER



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COVER LETTER

то:	Registration Sec Division of Corp			
". SUBJI	eot.	FAST REFUNDS F	PAY ROLL SERVICE L	LC
SUBJI	EC1:		ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Cur	DISTORUED IACKSON	
CHR			RISTOPHER JACKSON Name of Person	
F			Firm/Company	<u></u>
17410 NW 27TH AVE				
			Address	
		MIAI	MI GARDENS, FL 33056	
			City/State and Zip Code	
		E-mail address: (t	CKCLOSE@GMAIL.COM to be used for future annual report notifications.	ication)
For fur	ther information co	oncerning this matter, please c	all:	
	CHRISTO	PHER JACKSON	ar ()	238-2090
	Name of	Person	Area Code & Daytim	e Telephone Number
r ı	1: 1 1 6 4	6.11		
		e following amount:	F7055 00 PW F 4	
√ \$23	5.00 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)
	Registra Division	NG ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	n
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CHRISTOPHER JACKSON	17410 NW 27TH AVE MIAMI GARDENS, FL 33056	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
_			_ _
	ADDII 44		_
Dated	APRIL 11 , 20	or authorized representative of a member	
	_	TOPHER JACKSON	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00