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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

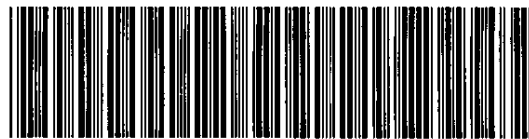
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 8 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MandH Group, 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:

Marcy Ullom

Name of Person

MandH Group, LLC

Firm/Company

1283 SW 23 Street

Address

Miami, FL 33145

City/State and Zip Code

marcyullom@gmail.com

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

For further information concerning this matter, please call:

Marcy Ullom

Name of Person

at **305 586-2250**

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

MandH Group, LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	DATE	TIME	STATUS
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TALLAHASSEE, FLORIDA

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

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 July 3, 2014


Signature of a member or authorized representative of a member

Marcelyn S Ullom

Typed or printed name of signee

FILED
2014 JUL -7 A 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Barbara Bostwick
FR: Marcy Ullora
RE: Money on file for this change in name
DATE: July 3, 2014

Please note that I recently sent in \$52.50, an overpayment, for a name change.
Please use \$25 of this for the filing fee for this name change. If there are questions,
please contact me at 305-5862250. Many thanks.

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