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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

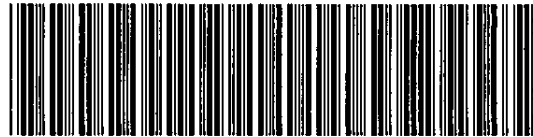
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 69 Hollywood 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:

**Mary Khabbaz**

Name of Person

**69 Hollywood llc**

Firm/Company

**6450 Land O' Lakes Blvd**

Address

**Land O' Lakes Fl 34638**

City/State and Zip Code

**marykhabbaz@yahoo.com**

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

For further information concerning this matter, please call:

**Mary Khabbaz**

Name of Person

at ( **813** ) **385-6656**

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

## 69 Hollywood Ilc

Page 1 of 3

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Jallo	6450 Land O' Lakes Blvd	<input type="checkbox"/> Add
		Land O' Lakes Fl 34638	<input checked="" type="checkbox"/> Remove
			<input 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"/> Add
			<input type="checkbox"/> Remove

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


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Dated January 03, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mary Khabbaz

\_\_\_\_\_  
Typed or printed name of signee

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**Filing Fee: \$25.00**