

L13000022107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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*Amend*

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TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUN 21 2013

## COVER LETTER

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

SUBJECT: **File Pro Management, 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:

**Mark Stampini**

Name of Person

Firm/Company

**6070 N. Federal Highway**

Address

**Boca Raton, FL 33487**

City/State and Zip Code

**markstampini@gmail.com**

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

For further information concerning this matter, please call:

**Mark Stampini**

Name of Person

at **(561) 843-1734**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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	Mark Stampini	7140 NW Turtle Walk	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
MGRM	Kristin Stampini	6070 N Federal Highway	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 OFFICE OF THE  
 CLERK OF THE  
 DISTRICT COURT  
 MIAMI

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

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Dated June 14th, 2013



Signature of a member or authorized representative of a member

MARK STAMPINI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA