

U3000057408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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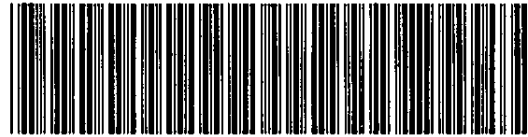
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 23 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.M. Alterations & Design Studio, 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:

Abiola Bobcombe
Name of Person

A.M. Alterations & Design Studio, LLC
Firm/Company

7201 NW 16th Street
Address

Plantation, FL 33313
City/State and Zip Code

a.m.alterationsdesignstudiollc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abiola Bobcombe at (718) 490-0259
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

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TALLAHASSEE, FLORIDA

A.M. Alterations & Design Studio, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☒ Add
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			☐ Remove

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

Dated July 15, 2013.

Abida Bobcombe

Signature of a member or authorized representative of a member

Abida Bobcombe

Typed or printed name of signee

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Filing Fee: \$25.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

13 JUL 13 PM 1:01

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