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TALLAHASSEE, FLORIDA

22

## COVER LETTER

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

SUBJECT: **DIYLAWSHOPPE, 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:

**Philip F. Filosa, Esq.**

Name of Person

Firm/Company

**2396 Jasmine Way**

Address

**North Port, FL 34287**

City/State and Zip Code

**pfilosa@diylawshoppe.com**

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

For further information concerning this matter, please call:

**Philip F. Filosa**

Name of Person

at **866 337.2592**

Area Code & Daytime Telephone Number

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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

DIYLAWSHOPPE, LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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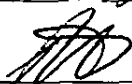
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

8, 20 2013



Signature of a member or authorized representative of a member

PHILIP F. FILOSA

Typed or printed name of signee

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Filing Fee: \$25.00

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