

L13000/32600

(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

OCT - 2 2013

T. HANCOCK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Your Biz Solutions, 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:

Elyah Alon

Name of Person

Your Biz Solutions, LLC

Firm/Company

4846 N University Drive #357

Address

Lauderhill, Florida 33351

City/State and Zip Code

contact @geniusbusinesssolutions.net

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

For further information concerning this matter, please call:

Elyah Alon

Name of Person

at ( 347 417 2092 )

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

Your Biz Solutions, LLC

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	ELYAH ALON	4846 N. University Dr # 357 LAUDERHILL, FL. 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TRIVERITY, LLC	1785 E. Sahara Ave. Ste. 490-1046	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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Add  
Remove

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

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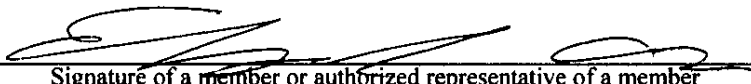
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Dated 09.24, 2013.



Signature of a member or authorized representative of a member

ELYAH ALON

Typed or printed name of signee

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Filing Fee: \$25.00

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