

L13000140279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

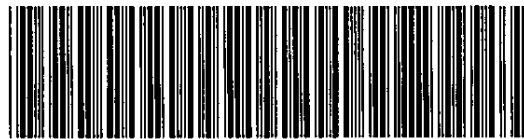
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Just Shake It 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:

Name of Person

Just Shake It LLC

Firm/Company

1120 S Walton Blvd Suite 136

Address

Bentonville AR 72712

City/State and Zip Code

angelspirits@rocketmail.com

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

For further information concerning this matter, please call:

Angelique Maalem

Name of Person

at **(630) 379-7706**

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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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

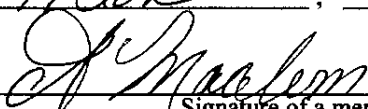
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patrice Stewart	31 Grier Dr	☒ Add
		Bella Vista AR 72715	☐ Remove
			☐ Add
			☐ Remove
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 ALABAMA STATE CAPITOL
 MONTGOMERY, ALABAMA 36103-0001

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

Dated 10/17/2013, _____.


Signature of a member or authorized representative of a member

Angelique Maalem

Typed or printed name of signee

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Filing Fee: \$25.00

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