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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Patrice Stewart

Name of Person

Firm/Company

31 Grier Dr.

Address

Bella Vista, AR 72715

City/State and Zip Code

pl.stewart@cox.net

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

For further information concerning this matter, please call:

Patrice Stewart

Name of Person

at (

479 381-1070

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

## Just Shake It LLC

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**MGR = Manager**  
**AMBR = Authorized Member**

Page 2 of 3

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August, 2014



Signature of a member or authorized representative of a member

Patrice Stewart

Typed or printed name of signee

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Filing Fee: \$25.00

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14 AUG 11 PM 2:05  
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