

L13000147512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

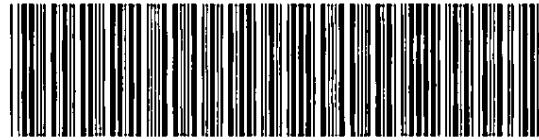
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Received  
06/10/1

Office Use Only



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03/23/21--01025--021 \*\*43.75

2021 JUN -1 A 8:01

U.S. F.D.

S.C.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN -1 PM 3:13

TALLAHASSEE

May 11, 2021

GARETH QUISUMBING  
5936 PROVIDENCE CROSSING TRAIL  
ORLANDO, FL 32839

SUBJECT: A MILLION BEADS LLC  
Ref. Number: L13000147512

We have received your document for A MILLION BEADS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 121A00009874

2021 JUN -1 A 8:01  
RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A MILLION BEADS 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:

Gareth Quisumbing

Name of Person

A MILLION BEADS LLC

Firm/Company

5936 Providence Crossing Trl

Address

Orlando, FL 32829

City/State and Zip Code

GarethQ.AMB@gmail.com

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

For further information concerning this matter, please call:

Gareth Quisumbing

Name of Person

at ( 321 )

Area Code

251-7414

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUN -1 A 8:01  
END



- If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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A 8:01  
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized agent

Typed or printed name of signee

**Filing Fee: \$25.00**