

L13 000 166535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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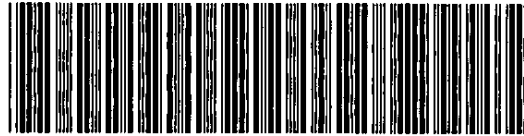
(Business Entity Name)

(Document Number)

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2014 FEB 18 P 12:53  
FEB 18 2014

B. BOSTICK

FEB 19 2014<sup>1</sup>

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tiny Stepz 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:

MacLISA Combs  
Name of Person

Tiny Stepz Learning Center  
Firm/Company

6265 Merrill Rd.  
Address

Jacksonville Florida 32277  
City/State and Zip Code

aosic@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MacLISA Combs at 904 345-9459  
Name of Person 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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# Tiny Stepz LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	MARIJE CERRA	1-3849 Bald Jsl <sup>in</sup> JAX FL 32257	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 February 10<sup>th</sup>, 2014.

\* 

Signature of a member or authorized representative of a member

\* Marije Cerri  
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FL  
CLERK OF THE COURT