

LI3000167345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

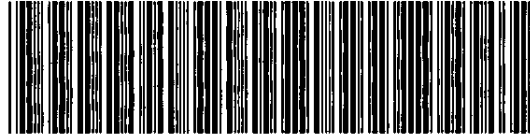
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

DEC 18 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 595 CRAFT 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:

LIZ GUIGON

Name of Person

AOA CONSULTING SERVICES LLC

Firm/Company

1880 SW 55 AVENUE

Address

PLANTATION FLORIDA 33317

City/State and Zip Code

LIZ.GUIGON@ATT.NET

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

For further information concerning this matter, please call:

LIZ GUIGON

Name of Person

at 954 336 - 9044

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>
MGRM	MARY K HANSEN	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
MGR	MARY HANSON	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
AMBR	MARY HANSON	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

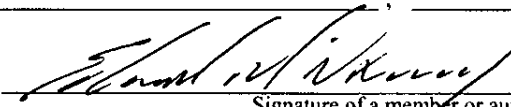
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ALLIANCE FLORIDA

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

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 DECEMBER 12, 2014



Signature of a member or authorized representative of a member

EDWARD MCNERNEY

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA