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(Address)

(Address)

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CLERK OF STATE
TALLAHASSEE FLORIDA

MAR 18 2014

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE WILLIE'S VOLLEYBALL TOOLS, 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:

EVELYN R GONZALEZ, EA

Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS, LLC

Firm/Company

5701 DOGWOOD DR

Address

ORLANDO, FL 32807

City/State and Zip Code

ACCORL@AOL.COM

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

For further information concerning this matter, please call:

EVELYN R GONZALEZ, EA at **407** **281-0227**

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

STATE OF FLORIDA
TALLAHASSEE

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 SEAGRAM PROPERTY
 10000 W. BOULEVARD
 ATLANTA, GEORGIA 30338

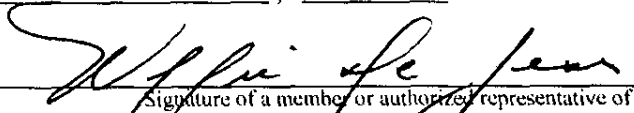
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 MARCH 13, 2014



Signature of a member or authorized representative of a member

WILLIE DE JESUS TORRES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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