

L14000041247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

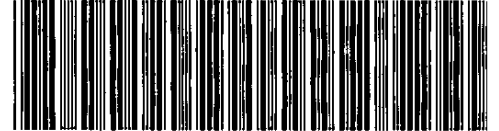
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: Jennifer Leen 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:

Jennifer Leen
Name of Person
Jennifer Leen LLC
Firm/Company
1722 SW Mockingbird Dr
Address
Port Saint Lucie FL 34986
City/State and Zip Code
jenniferannleen@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Leen at (561) 714-4918
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

Jennifer Leen LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

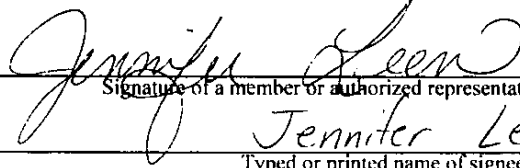
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Jennifer Leen	1722 SW Mockingbird Dr Port Saint Lucie, FL 34986	☒ Ac ☐ Re
			☐ Ad
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 19th, 2014



Signature of a member or authorized representative of a member

Jenniter Leen
Typed or printed name of signee

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Filing Fee: \$25.00

FILED
MAR 20 2014
TALLAHASSEE, FLORIDA
CLERK OF THE COURT