

L1400005668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

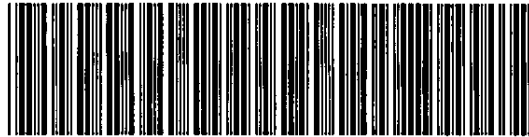
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200260110542

05/13/14--01016--010 **25.00

FILED
14 MAY 13 AM 11:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2 Others MAY 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1Regulatory, 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:

Michelle Facciola
Name of Person
1Regulatory
Firm/Company
1060 Holland Dr. Ste G
Address
BOCA RATON FL 33487
City/State and Zip Code
Michelle@1regulatory.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Facciola at (561) 989 0488
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

REGULATORY, LLC

Page 1 of 3

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 | Naeem Mady | 1060 Holland DR STE G | <input type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

RECEIVED
MAY 13 AM 11:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 May 5, 2014

Michelle Facciola
Signature of a member or authorized representative of a member
Michelle Facciola
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAY 13 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA