

214000051613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

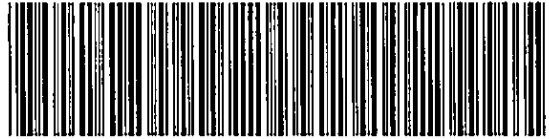
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

515
26026-12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINMICHAEL 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:

BARRETT, KEVIN

Name of Person

PINMICHAEL LLC

Firm/Company

12361 SW 128TH CT

Address

Miami FL 33186

City/State and Zip Code

fb@unionone-express.com

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

For further information concerning this matter, please call:

BARRETT, KEVIN

786

5430022

at (_____) _____

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

PINMICHAEL LLC

n/a

n/a

n/a

n/a

n/a

Enter Florida street address

_____, Florida

Civ

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	CAMPBELL, JHEVERE G	12361 SW 128 CT SUITE 205	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	FIRST UNION FINANCIAL	13 BARBADOS AVE	<input type="checkbox"/> Add
		KINGSTON 10 JAMAICA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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STATE POLICE - ALA
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated June 20 2018

Signature of a member or authorized representative of a member

BARRETT, KEVIN

Typed or printed name of signer