

L14 0000 87869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

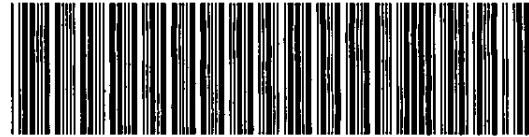
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pretty Handy Mandy 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:

Amanda Trapka
Name of Person

Pretty Handy Mandy LLC
Firm/Company

807 Gulf Blvd. #1
Address

Indian Rocks Beach, FL 33785
City/State and Zip Code

prettyhandymandy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Trapka at (727) 366-7513
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

Pretty Handy Mandy LLC

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14 NOV 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	Richard Rauch	807 Gulf Blvd. #1	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach FL 33785	<input type="checkbox"/> Remove
		(813) 505-4367	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, 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 11/05/2014

Amanda Trapka

Signature of a member or authorized representative of a member

Amanda Trapka

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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