

L14060202417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

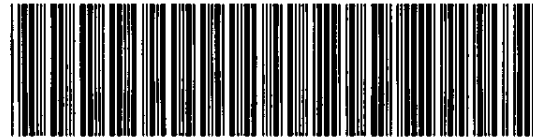
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers OCT 20 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Champagne Campaign Candle Company 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:

Kevin Collins

Name of Person

Champagne Campaign Candle Company LLC

Firm/Company

3249 West Cypress St. Suite C

Address

Tampa FL 33607

City/State and Zip Code

Tampakevin44@hotmail.com

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

For further information concerning this matter, please call:

Kevin Collins

Name of Person

at (813) 486-4262

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

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	Darryl Fulks Jr.	2709 W. Cleveland St.	<input checked="" type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA  
 14 OCT 20 12 22 PM '22

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

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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 October 1st, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kevin Collins  
\_\_\_\_\_  
Typed or printed name of signee

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