

L14060102417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

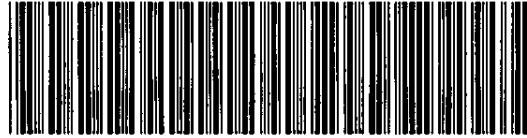
(Business Entity Name)

(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)

Area Code

486-4262

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 Fults Jr.	2709 W. Cleveland St.	<input checked="" type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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 October 1st, 2014.

Signature of a member or authorized representative of a member

Kevin Collins
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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