

L14000104733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

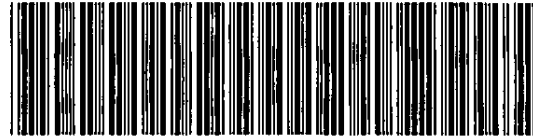
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 16 11:11 AM
TALLAHASSEE, FLORIDA
STATE
OK
9/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREAK - UP KIT 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:

Omono Ighodaro
Name of Person

Firm/Company

6268 Seminole Ter
Address

Margate, FL, 33063
City/State and Zip Code

Omono 1988@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omono Ighodaro
Name of Person

at (954)
Area Code

656-7795
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

BREAK-UP KIT LLC

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALLIANCE
SEP 15
STATE
FLORIDA

16 SEP 1951
ST. JEFF
MISSISSIPPI
FLORIDA

16 SEP 1964
ST. PETERSBURG, 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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, 0

Signature of a member or authorized representative of a member

Omno

Typed or printed name of signee