

L 14 000 108117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

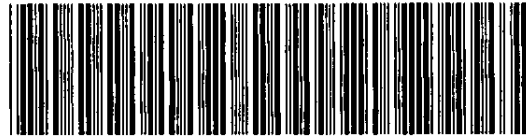
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 16 PM 12:59
2014-07-16 12:59:59
2014-07-16 12:59:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sam Bodi 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:

Lindsey Bergamo
Name of Person

Sam Bodi LLC
Firm/Company

8750 Exchange Dr, Unit #9
Address

Orlando, FL 32809
City/State and Zip Code

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

For further information concerning this matter, please call:

Lindsey Bergamo at (407) 438-8090
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

Sam Badi LLC

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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	ITF Auto Parts, Inc.	8750 Exchange Dr, Unit #9 Orlando, FL 32809	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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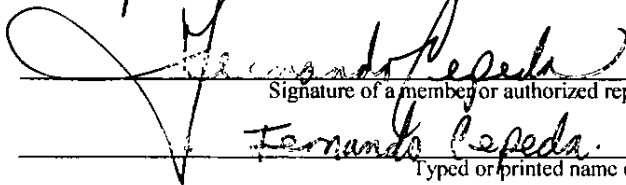
16 JUL 16 PM 2:59

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 July 08th, 2014.



Signature of a member or authorized representative of a member
Fernando Cepeda

Typed or printed name of signee

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Filing Fee: \$25.00

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FILED
CLERK OF THE COURT
JUL 16 2014
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