

L14000136088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

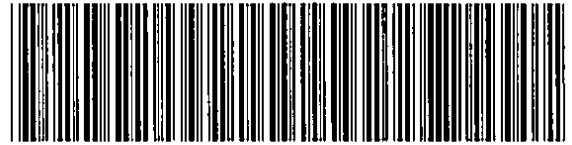
(Business Entity Name)

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TALLAHASSEE, FLORIDA
AUG 29 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIZFFC, 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:

Robert A. Scalise, Jr.

Name of Person

Ericson, Scalise & Mangan, P.C.

Firm/Company

35 Pearl Street, Suite 35

Address

New Britain, CT 06051

City/State and Zip Code

kjpiroc@aol.com

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

For further information concerning this matter, please call:

Robert A. Scalise, Jr.

860

515-3399

at (_____) _____

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

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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>
MGR	Kenneth J. Papa	585 E. Main St.	<input checked="" type="checkbox"/> Add
		New Britain, CT 06051	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 August 21, 2018


Signature of a member or a

Signature of a member or authorized representative of a member

Lizbeth A. Papa

Typed or printed name of signee

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TALLAHASSEE, FLORIDA