

L14000135088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263755216

09/11/14--01009--008 **25.00

FILED
14 SEP 11 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Fedelich Business Services 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:

Viviani Fedelich

Name of Person

Fedelich Business Services LLC

Firm/Company

PO BOX 140096

Address

Coral Gables, FL 33114

City/State and Zip Code

fedelich.viviani@yahoo.com

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

For further information concerning this matter, please call:

Viviani Fedelich

Name of Person

at (**786**) **999-3040**

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

Fedelich Business Services LLC

The Articles of Organization for this Limited Liability Company were filed on 9/09/2019 and assigned Florida document number L14000138088.

A. If amending name, enter the new name of the limited liability company here:

2433 Arthur St.

Hollywood, FL 33020

(Mailing address MAY BE A POST OFFICE BOX)

City

14 SEP 11 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

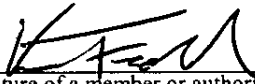
14 SEP 11 10 PM 4057
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 September 8, 2014



Signature of a member or authorized representative of a member

Viviani Fedelich

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 SEP 11 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA