

LK400043602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

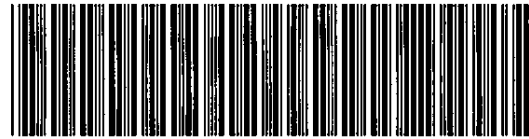
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

OCT 01 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJS TRUE TO LIFE PRODUCTIONS, 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:

WARREN SAM

Name of Person

AJS TRUE TO CRAFT PRODUCTIONS, LLC

Firm/Company

P.O. BOX 740905

Address

BOYNTON BEACH, FL. 33474

City/State and Zip Code

WSAM@BELLSOUTH.NET

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

For further information concerning this matter, please call:

WARREN SAM

Name of Person

954 732-7718

at (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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AJS TRUE TO LIFE PRODUCTIONS, 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>
AMBR	SANDRA SAM	11020 SUNSET RIDGE CIR	☒ Add
		BOYNTON BEACH, FL. 33473	☐ Remove
			☐ Add
			☐ Remove
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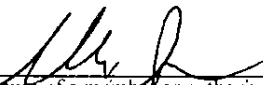
14 SEP 2014
SECURITY
CALIFORNIA
FBI
14 SEP 2014

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 23,** **2014**



Signature of a member or authorized representative of a member

WARREN SAM

Typed or printed name of signee

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Filing Fee: \$25.00

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