

U4000147724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

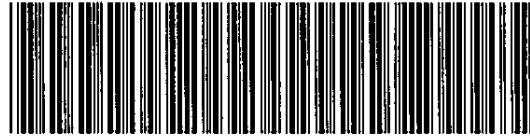
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BESTLEDZ 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:

STEPHANIE PADLY, ESQ.

\_\_\_\_\_  
Name of Person

PADLY & ASSOCIATES PA

\_\_\_\_\_  
Firm/Company

1300 3RD STREET SOUTH SUITE 302A

\_\_\_\_\_  
Address

NAPLES, FLORIDA 34102

\_\_\_\_\_  
City/State and Zip Code

SPADLY@239LAWYER.COM

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

For further information concerning this matter, please call:

STEPHANIE PADLY, ESQ.

\_\_\_\_\_  
Name of Person

at 239 963-6043  
\_\_\_\_\_  
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>
AMBR	PASCAL COTE-JULIEN	835 11 AVENUE SOUTH	<input checked="" type="checkbox"/> Add
		NAPLES, FLORIDA 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	PASCAL COTE-JULIEN	835 11 AVENUE SOUTH	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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 JUNE 11TH

2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PASCAL COTE-JULIEN

Typed or printed name of signee

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