

L14000148SL5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

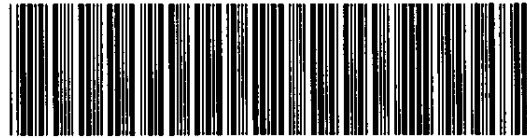
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Karom 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:

**Karoline Muehlfellner**

Name of Person

**Karom LLC**

Firm/Company

**2270 Highland Woods Drive**

Address

**Dunedin, FL 34698**

City/State and Zip Code

**Karoline.Muehlfellner@gmail.com**

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

For further information concerning this matter, please call:

**Karoline Muehlfellner**

Name of Person

**727 7772626**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Karom 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	ROBERT MUEHLFELLNER	2270 Highland Woods Dr Dunedin FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Karoline MuehlFellner	2270 Highland Woods Dr Dunedin FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert MuehlFellner	2270 Highland Woods Dr Dunedin FL 34698	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Keroline MuehlFellner	2270 Highland Woods Dr Dunedin FL 34698	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA  
14 OCT - 2 PM 3:34

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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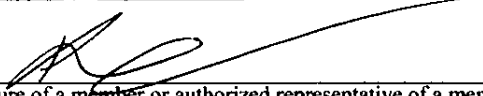
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 29, 2014, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Karoline Muehl-Pellmar  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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