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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**F & S ENTERPRISES TAMPA, LLC.**  
19028 WEATHERSTONE DR.  
TAMPA. FL 33647

TO:  
REGISTRATION SECTION  
DIVISION OF CORPROATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F & S ENTERPRISES TAMPA 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:

Paul Schaller

Name of Person

F & S Enterprises Tampa LLC

Firm/Company

19028 WEATHERSTONE DR.

Address

TAMPA, FL 33647

City/State and Zip Code

schallerp@hotmail.com

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

For further information concerning this matter, please call:

PAUL SCHALLER

at ( 813 ) 335-7491

Name of Person

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

F & S ENTERPRISES TAMPA LLC

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>
MGR	PAUL SCHALLER	19028 WEATHERSTONE DR.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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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 DECEMBER 29, 2014



Signature of a member or authorized representative of a member

PAUL SCHALLER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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