

L14000 136981

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(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Shivers NOV 20 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Yetti Ventures 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:

Kristine V. Sweatt

Name of Person

No Mytth Ventures

Firm/Company

719 US Highway 98 N

Address

Okeechobee, FL 34972

City/State and Zip Code

nomytth@gmail.com

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

For further information concerning this matter, please call:

Kristine V. Sweatt

at 863 763-1040

Name of Person

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

**Yetti Ventures 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	David M. Sweatt	719 US Highway 98 N	<input type="checkbox"/> Add
		Okeechobee, FI 34972	<input type="checkbox"/> Remove
MGR	Kristine V. Sweatt	719 US Highway 98 N	<input type="checkbox"/> Add
		Okeechobee, FI 34972	<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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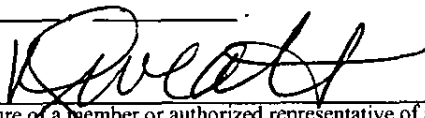
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 \_\_\_\_\_

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

Kristine V. Sweatt

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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