

214000163941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

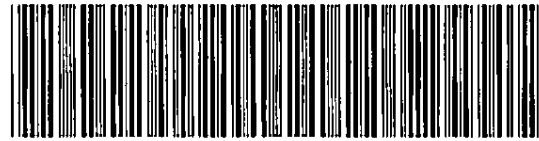
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP - 6 PM 12:36

N COOPER

SEP 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chop Stick, 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:

Laura Hope Richards

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

Richards Law Firm, PA

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

151 Southhall Lane Suite 230

\_\_\_\_\_  
Address

Maitland, FL 32751

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

stephanie@littlemissacupuncture.com

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

For further information concerning this matter, please call:

Stephanie Koslowski

315 430-8850  
at ( )

\_\_\_\_\_  
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

## Page 1 of 3

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>
MGR	Richards Law Firm, PA	151 Southhall Lane, Suite 230	<input type="checkbox"/> Add
		Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Koslowski	67 N Main Street	<input checked="" type="checkbox"/> Add
		Homer, NY 13077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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