

LI4000181177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

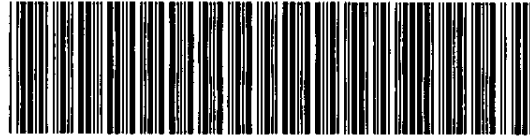
(Business Entity Name)

(Document Number)

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

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STATE ARCHIVE OF FLORIDA  
TALLAHASSEE, FLORIDA  
J. Stevens FEB 17 2015

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **The Master Fomula EMS 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:

**Erin Puleo**

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

**THE Master Formula EMS LLC**

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

**8731 Leeland Archer Blvd**

\_\_\_\_\_  
Address

**Orlando FL 32836**

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

**Tmasterfomulaems@gmail.com**

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

For further information concerning this matter, please call:

**Erin Puleo**

**754 224-0837**

at ( )

\_\_\_\_\_  
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

Thomaster Formula GMS LLC  
(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

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	Erin Puleo	8731 Leeland Archer Blvd	<input checked="" type="checkbox"/> Add
		orlando FL 32836	<input type="checkbox"/> Remove
MGR	Joe Jones	8731 Leeland Archer Blvd	<input checked="" type="checkbox"/> Add
		Orlando FI 32836	<input type="checkbox"/> Remove
CEO	Erin Puleo	8731 Leeland Archer Blvd	<input type="checkbox"/> Add
		Orlando FL 32836	<input checked="" type="checkbox"/> Remove
VP	Joe Jones	8731 Leeland Archer Blvd	<input type="checkbox"/> Add
		Orlando FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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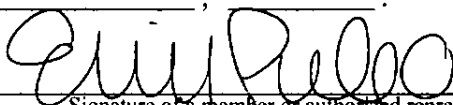
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 January 30, 2015



Signature of a member or authorized representative of a member

Erin Puleo

Typed or printed name of signee

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Filing Fee: \$25.00

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