

L15000014675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

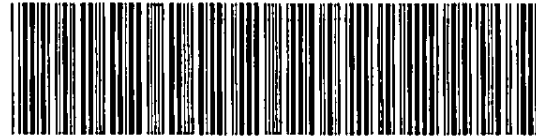
(Business Entity Name)

(Document Number)

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OCT 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Back in Black Online Accounting, 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:

Casey Loveall

Name of Person

Back in Black Online Accounting, LLC

Firm/Company

23634 Valderama Lane,

Address

Sorrento, FL 32776

City/State and Zip Code

burntbean42@gmail.com

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

For further information concerning this matter, please call:

Casey Loveall

407 618-3802
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

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>
AMBR	Casey Loveall	23634 Valderama Lane	<input checked="" type="checkbox"/> Add
		Sorrento, FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Will Loveall	23634 Valderama Lane	<input checked="" type="checkbox"/> Add
		Sorrento, FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karen A. Loveall	13678 Waterhouse Way	<input type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Casey Loveall	13678 Waterhouse Way	<input checked="" type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 OCT 10 AM 2249
17 OCT 10 110000

E. Effective date, if other than the date of filing: January 1st, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 6th, 2017

Casey Howell
er or authorized representative of a mem

Signature of a member or authorized representative of a member

Karen A. Loveali

Casey Loveall!

Typed or printed name of signee