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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 13 P 4:11

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D. BRUCE
MAR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amour Creations by G'Bre, 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:

Sebrena Yvette Parrish

Name of Person

Amour Creations by G'Bre, LLC

Firm/Company

1523 Eddings Grove Lane

Address

Jacksonville, FL 32221

City/State and Zip Code

amourcreations@yahoo.com

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

For further information concerning this matter, please call:

Sebrena Parrish

Name of Person

at (877) 866-7101

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

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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>
CEO	Sebrena Y Parrish	1523 Eddings Grove Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32221	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Gregory C Parrish	1523 Eddings Grove Lane	<input type="checkbox"/> Add
		Jacksonville, Fl 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard T Braswell	1523 Eddings Grove Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Barry B Brown	1523 Eddings Grove Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Thabathia J Parrish	1523 Eddings Grove Lane	<input type="checkbox"/> Add
		Jacksonville, Fl 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Thabathia J Parrish		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: February 17, 2017 (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 May 17 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee