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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 MAY 14 AM 7:59  
STATE OF ILLINOIS  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIZZY HOLDINGS 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:

JOSEPH BENDEL

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

GEORGE D. PERLMAN P.A.

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

1441 BRICKELL AVE SUITE 1400

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

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

DENA@GPLAWINTL.COM

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

For further information concerning this matter, please call:

JOSEPH BENDEL

786 802-2111  
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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<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.)

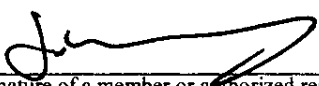
Blank lined area for amending information, crossed out with a diagonal line.

RECEIVED  
15 MAY 14 AM 7:59  
DEPARTMENT OF STATE  
HARRISBURG, PENNSYLVANIA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 13, 2015

  
Signature of a member or authorized representative of a member

JOSEPH BENDEL  
Typed or printed name of signee