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(City/State/Zip/Phone #)

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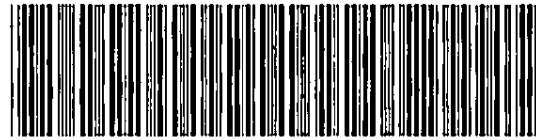
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**TO: Registration Section
Division of Corporations**

SUBJECT: Kimberly A Skalski CPA, PLLC

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:

Kimberly A Skalski

Name of Person

Kimberly A Skalski CPA, PLLC

Firm/Company

PO Box 468627

Address

Atlanta, GA 31146-8627

City/State and Zip Code

kim@skalskicpas.com

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

For further information concerning this matter, please call:

Kimberly A Skalski

404 317-6213
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(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)

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 20, 2020

Kimberly A. Skerki
Signature of a member or

Signature of a member or authorized representative of a member

Kimberly A Skalski

Typed or printed name of signee