

#L15000028230

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FALL RASST, M BRIN

K. SALLY
EXAMINER
JUL -7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paper Elephant Studio, 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:

Kaycee Morin

Name of Person

Paper Elephant Studio, LLC

Firm/Company

3905 N Ola Ave

Address

Tampa, FL 33603

City/State and Zip Code

acct@paperelephantstudio.com

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

For further information concerning this matter, please call:

Jennifer Nolan

813

758-7440

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

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2015 JUL -2 AM 11:11
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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	JENNIFER NOLAN	504 Jayne Place	<input type="checkbox"/> Add
		Lutz, FL 33549	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COURT
TALLAHASSEE, FL 32301
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending incorrect title from MGR to AMBR. Also, amending incorrect first name from Jenifer to JENNIFER

(see above Page 2 of 3).

FILED
2016 JUL -2 AM 11:11
CLERK OF CIRCUIT
JULY 2, 2016
TALLAHASSEE, FLORIDA

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 June 24, 2015

Kaycee Morin
Signature of a member or authorized representative of a member

Kaycee Morin
Typed or printed name of signee