

# L15000042375

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

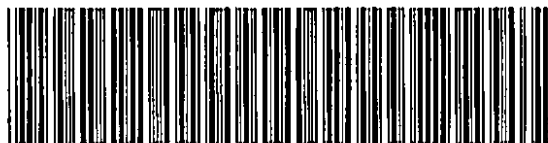
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHRISTINA L ADAMS, 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:

CHRISTINA L ADAMS  
Name of Person

CHRISTINA L ADAMS, LLC  
Firm/Company

401 SE 12<sup>TH</sup> PLACE  
Address

CAPE CORAL, FLORIDA 33990  
City/State and Zip Code

cladams1959@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA L ADAMS at (239) 896-0797  
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

CHRISTINA L ADAMS, LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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

Title	Name	Address	Type of Action
AMBR	CHRISTINA L ADAMS	401 SE 12TH PLACE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

PRESIDENT	CHRISTINA L ADAMS	401 SE 12TH PLACE CAPE CORAL, FL 33990	<input type="checkbox"/> Add
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		401 SE 12TH PLACE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Remove
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☐ Change

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**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.

Dated NOVEMBER 26, 2022

CHRISTINA L ADAMS  
Typed or printed name of signer

**Filing Fee: \$25.00**