

L15 000063323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

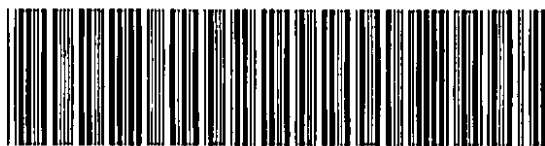
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600349709096

06/07/2019-0101/2-01 14:25:00

SEP 25 2020

S. YOUNG

OFFICE OF THE  
CLERK OF THE  
COURT  
FLORIDA  
TALLAHASSEE, FL 32301

2020 AUG -7 AM 8:25

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CHELSEA'S WRITERS BLOCK, 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:

Chelsey Russo

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

CHELSEA'S WRITERS BLOCK, LLC

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

6333 Conroy Road Apt # 2415

\_\_\_\_\_  
Address

Orlando, Florida 32835

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

chelsrusso95@gmail.com

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

For further information concerning this matter, please call:

Chelsey Russo

407 4551316  
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

FILED  
2020 AUG -7 AM 8:25  
and assigned  
JUL 21 2020  
DIVISION OF CORPORATE AFFAIRS  
HALLMARK

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

and assigned

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

\_\_\_\_\_ ☐ Change

**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:** \_\_\_\_\_ (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 \_\_\_\_\_, \_\_\_\_\_

Chelsey Russo  
Signature

Signature of a member or authorized representative of a member

Chelsey Russo

Typed or printed name of signee