

L150000 99684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

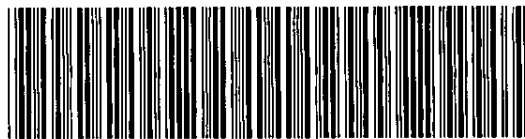
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273366289

06/15/15--01001--011 **25.00

RECEIVED
DEPARTMENT OF
CIVIL SERVICE

15 JUN 12 PM 3:22

10 AGRICULTURE
SUFFICIENCY OF FILING

FILED

15 JUN 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLYCA SOLUTIONS, 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:

NAHIMA MUSTAFA

Name of Person

MUSTAFA & COMPANY

Firm/Company

333 SE 2ND AVENUE SUITE 2000

Address

MIAMI, FL 33131

City/State and Zip Code

NM@MUSTAFACOMPANY.COM

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

For further information concerning this matter, please call:

NAHIMA MUSTAFA

786

3126984

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>
MGRM	KELLY COLINA, MONICA	9876 NW 35TH STREET	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	COLINA, MONICA K	9876 NW 3TH STREET	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

N/A

E. Effective date, if other than the date of filing: 06/12/2015 (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 early of
(b) The 90th day after the record is filed.

Dated JUNE 12TH, 2015

Monica Kelly Colina

Signature of a member or authorized representative of a member

MONICA KELLY COLINA

Typed or printed name of signer

FILED
15 JUN 12 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA