

L15000181351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

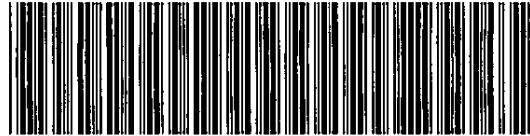
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800280121128

12/18/15--01016--017 **25.00

FILED
2015 DEC 18 PM 5:16
CLERK OF STATE
TALLAHASSEE FLORIDA

K. SALY
EXAMINER
DEC 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Succulent Living 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:

Rebecca Henry
Name of Person

Firm/Company

87 Oak Shade Road
Address

Gaithersburg, MD 20878
City/State and Zip Code

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

For further information concerning this matter, please call:

Rebecca Henry at (301) 576 9915
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2015 DEC 18 PM 5:16
SECRET

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) 17-3

our records. 12-04-15

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	Rebecca L. Henry	87 Oak Shade Rd Gaithersburg, MD 20878	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 DEC 18 PM 5:16
CLERK OF DISTRICT COURT
ALABAMA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2015 DEC 18 PM 5:16
U.S. DIST. CT.
SOUTHERN DIST. OF FLORIDA
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 December 15, 2015.

Debra Henry
Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Rebecca Henry
Typed or printed name

Typed or printed name of signee