

L15000 200960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

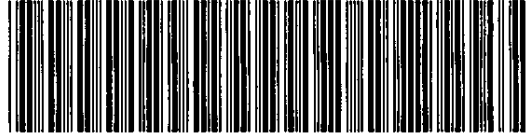
(Business Entity Name)

(Document Number)

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15 DEC 21 AM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 21 2015  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIZ CADYLAND THE BRAND, 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:

CANDICE P. PEREZ

Name of Person

MIZ CANDYLAND THE BRAND, LLC

Firm/Company

4103 24th Street West 12R-209

Address

Bradenton, Florida 34205

City/State and Zip Code

mizcandyland@live.com

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

For further information concerning this matter, please call:

CANDICE P. PEREZ

Name of Person

at (941) 518-1784

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

MIZ CADYLAND THE BRAND, LLC

MIZ CANDYLAND THE BRAND, LLC

— Same as filed —

- Same as filed -

— same as filed

— Same as file

\_\_\_\_\_, Florida

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>           |
|--------------|-------------------|----------------|---------------------------------|
| _____        | — Same as filed — | _____          | <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 |
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| _____        | _____             | _____          | <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.)

— NONE —

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: Same as Filed (optional)

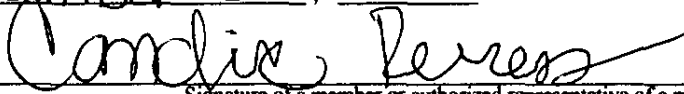
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.



Signature of a member or authorized representative of a member

CANDICE PEREZ

Typed or printed name of signee