

L15000 202 706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

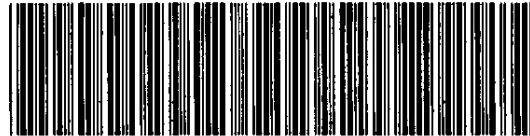
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 APR 11 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/12/16--01006--021 **25.00

FILED
2016 APR 11 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

IWINK MINK LLC

SUBJECT: _____
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:

ADRIANNA KELLY FRANCIS

Name of Person

Firm/Company

3100 NW 48TH TERR

Address

MIAMI, FL 33142

City/State and Zip Code

RAISHA.KELLY@YMAIL.COM

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

For further information concerning this matter, please call:

ADRIANNA KELLY FRANCIS

305 902-7888

Name of Person

at (_____) _____

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

IWINK MINK LLC

The Articles of Organization for this Limited Liability Company were filed on 04/07/2016 and assigned
Florida document number L15000202706.

IWINK MINKS LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	RAISHA KELLY	3100 NW 48TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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