

215000 203407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

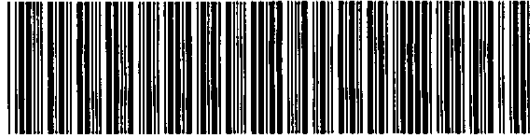
(Business Entity Name)

(Document Number)

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15 DEC 16 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 16 2015  
J SHIVERS

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Signature Look  
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:

Luis Cruz  
Name of Person

The Signature Look  
Firm/Company  
955 53<sup>rd</sup> St. E. Apt. 325  
~~2310 4<sup>th</sup> Ave. Cir. E.~~ (L.L.)  
Address

Bradenton FL 34208  
City/State and Zip Code

Luis @ the signature look . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Cruz at ( 941 ) 799-5706  
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>
MGR	Luis Cruz	955 53 <sup>rd</sup> St. E. #325	<input checked="" type="checkbox"/> Add
		Bradenton FL. 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

15 DEC 16 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

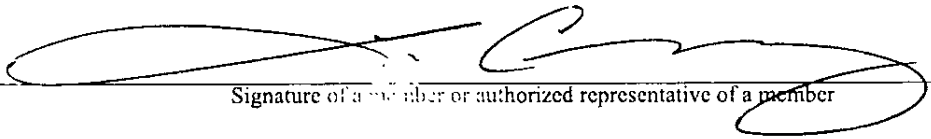
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 11, 2015

  
Signature of a member or authorized representative of a member

Luis Cruz  
Typed or printed name of signee