

216000006874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

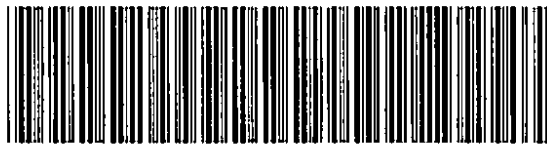
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317000847

08/16/18--01018--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 16 AM 11:04

N COOPER

AUG 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Printer Parts 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:

Graham Onion

Name of Person

Alternative Printer Parts

Firm/Company

12927 Bellerive Dr.

Address

Clermont, Florida 34711

City/State and Zip Code

andria @ altcop. com

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

For further information concerning this matter, please call:

Andria Canada

Name of Person

at (317) 507-4742

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

Alternative Printer Parts LLC

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>
60 MGR	Andria Canada	12927 Bellerive Dr. Clermont, FL 34711	<input checked="" 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
			<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

18 AUG 16 AM 11:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 16 AM 11:04

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.

Dated August 13th 2018

Signature of a member or authorized representative of a member

Graham Orion
Typed or printed name of signee