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(City/State/Zip/Phone #)

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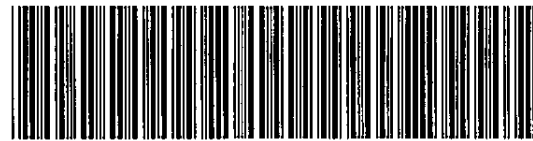
(Business Entity Name)

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DIVISION OF CORPORATIONS

O SIMMONS

OCT 20 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crave It Love It  
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:

Robert Reilly  
Name of Person

Crave It Love It  
Firm/Company

4134 Plantation Cove Dr  
Address

Orl, FL 32810  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Reilly at (407) 538 9550  
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

# Crave It Love It

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DIVISION OF CONGRATATIONS

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Dated 9-23-16, \_\_\_\_\_

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Robert Kettner

Typed or printed name of signee