

L1600000 43044

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(Address)

(Address)

(City/State/Zip/Phone #)

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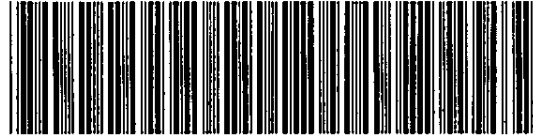
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&M PERSONALIZED CREATIONS, 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:

MAXINE A. NOEL

Name of Person

GRAZI & GIANINO, LLP

Firm/Company

217 SE OCEAN BOULEVARD

Address

STUART, FL 34994

City/State and Zip Code

MNOEL@GGLAWYERS.COM

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

For further information concerning this matter, please call:

MAXINE A. NOEL

772 286-0200
at ()

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

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>
AMBR	JOSE MARRERO	11991 66TH STREET NORTH, W.	☒ Add
			☐ Remove
			☐ Change
MGR	IVONNE MENDOZA	11991 66TH STREET NORTH, W.	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MARR 1 APR 10 2008

[illegible]

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 03/15, 2016

Signature of a member or authorized representative of a member

MAXINE A. NOEL, ESQ. REGISTERED AGENT, ATTORNEY, PLLC
Typed or printed name of signer

16 MAR 21 AM 02:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1476 OKN

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