

216000049127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

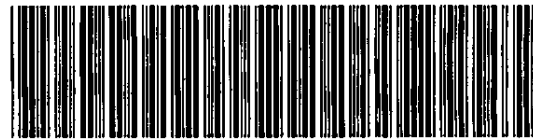
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100293878331

01/17/17--01039--022 **25.00

FILED
2017 JAN 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iv handii 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:

Zakiyaa Johnson
Name of Person

iv handii LLC
Firm/Company

1941 NW 136th Av #404
Address

Sunrise FL 33323
City/State and Zip Code

Zakiyaa Johnson @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zakiyaa Johnson at (954) 661-7825
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

iy Kandii LLC

FILED
2017 JAN 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AP	Khadijah Imani Chappell	4780 Providence Blvd Lithowil, GA 30058	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Zakiyaa Jones	Zakiyaa Joneson 1941 NW 136 th Av #404 Sunrise FL 33323	<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

FILED
JAN 17 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 17 AM 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 1/9/17, _____

19/17
Signature of a member or authorized representative of a member

Lakisha Johnson
Typed or printed name of signer