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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

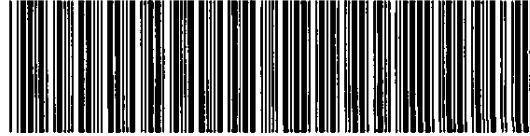
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wolbane's Lucky 13 Elixir UK 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:

Steven White

Name of Person

Wolbanes Lucky Elixir LLC

Firm/Company

1009SW Lighthouse Dr.

Address

PalmCity FL 34990

City/State and Zip Code

swhite9@bellsouth.net

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

For further information concerning this matter, please call:

Steven White

305

798-1149

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> |
|--------------|-----------------------------|---------------------------------|---|
| Presiden | Donald Wolfgang Mustain III | 18530 SW 39 St Miramar Fl 33029 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[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 July 15, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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TAMPA FLORIDA