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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
CLERK OF COURTS

2017 MAR 10 PM 3:30

FILED

M. MILLIGAN

MAR 13 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EZON SEATS 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:

Dominic J. Tuttobene

\_\_\_\_\_  
Name of Person

Tuttobene Manufacturing LLC

\_\_\_\_\_  
Firm/Company

123 Atlantic Drive Suite 101

\_\_\_\_\_  
Address

Maitland FL. 32751

\_\_\_\_\_  
City/State and Zip Code

tuttobenemfg@gmail.com

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

For further information concerning this matter, please call:

Dominic J. Tuttobene

321 689-3269  
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

and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

and assigned

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>                   |
|--------------|----------------------|------------------------------------|---|
| president    | Dominic J. Tuttobene | 123 Atlantic Drive Suite 101 Maitl | <input checked="" type="checkbox"/> Add |
|              |                      |                                    | <input type="checkbox"/> Remove         |
|              |                      |                                    | <input type="checkbox"/> Change         |
|              |                      |                                    | <input type="checkbox"/> Add            |
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|              |                      |                                    | <input type="checkbox"/> Change         |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**

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