

L16000132620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

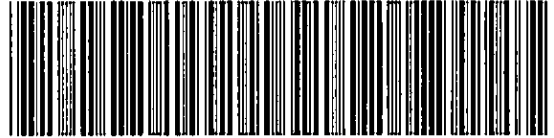
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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# Cover Sheet

From: Ms. Meaghan Coplin  
17730 NW 13<sup>th</sup> Court  
Miami Gardens, FL 33169  
786-635-5563 (cellular)  
mscoplin@icloud.com

To whom it may concern;

Please find enclosed my documents to amend my business name. If there are any further questions please call 786-635-5563. I've enclosed \$60 money order to cover for the processing fees for my request. Thank you and Have a wonderful day.

Warm Regards,

Mrs. Myrl D. Galt

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EDEN DREAMS 85 BUSINESS CONSULTING/CONTACT RESOLUTIONS 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:

Meaghan Coplin

Name of Person

Firm/Company

17730 NW 13th Court

Address

Miami Gardens, FL 33169

City/State and Zip Code

mscoplin@icloud.com

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

For further information concerning this matter, please call:

Meaghan Coplin

Name of Person

at ( 786 )

Area Code

635-5563

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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2021 01 29 04:00

(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)

Typed or printed name of signee