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(City/State/Zip/Phone #)

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2019 APR 17 PM 04
TALLAHASSEE FL 32304

2019 APR 17 PM 04

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T. LEMERY

APR 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clutter Busters R Us, 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:

Sara Elaine Shemesh

Name of Person

Organizers-R-Us, LLC

Firm/Company

3182 Stirling Road, Unit C1

Address

Hollywood, Florida 33021

City/State and Zip Code

support@orgrus.com

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

For further information concerning this matter, please call:

Sara Elaine Shemesh

305

384-8769

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

FALSE

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

2016 APR 17 P 0: 51

Organizers-R-Us, LLC

3182 Stirling Road, Unit C1

Hollywood, Florida 33021

3182 Stirling Road, Unit C1

Hollywood, Florida 33021

Enter Florida street address

Civ

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

• 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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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.

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

Signature of a member or authorized representative of a member

Typed or printed name of signee