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17 JUN 15 AM 11:25  
DIVISION OF CORPORATIONS

O SIMMONS

JUN 16 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shaka Body Art 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:

Rosa Linton-Quade

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

Shaka Body Art LLC

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

4516 Runabout Way

\_\_\_\_\_  
Address

Bradenton, FL 34203

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

shakabodyart@gmail.com

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

For further information concerning this matter, please call:

Rosa Linton-Quade

239 2095205  
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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

## Shaka Body Art LLC

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>
MGR	Shahar Pereg	12530 Equestrian Cir #408	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF  
CORRECTIONS  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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DIVISION OF CONSPIRACIES

**FILED**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated June 13<sup>th</sup> 2017

  
Signature of a member or author

ROSA LINTON-QUADE

Typed or printed name of signee