

L16000230031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

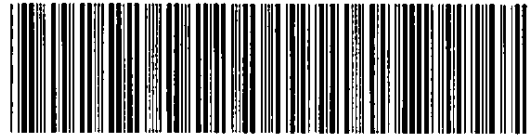
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

K. SALY
JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEED A BRACE 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:

PAM SEYMOUR

Name of Person

NEED A BRACE LLC

Firm/Company

1086 SUMMER GLEN DRIVE

Address

WINTER HAVEN FL 33880

City, State and Zip Code

PAMCPCO@GMAIL.COM

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

For further information concerning this matter, please call:

PAM SEYMOUR

772 971-1600

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

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GALLAHASSIE, FLORIDA

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

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 | JACKY MAGEE | 1086 SUMMER GLEN DRIVE | <input type="checkbox"/> Add |
| | | WINTER HAVEN FL 33880 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | PAM SEYMOUR | 25 HARBOUR ISLE DR W PH01 | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE FL 34949 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2017 JUN 16 AM 11
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TALLAHASSEE, FLORIDA

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

Signature of a member or authorized representative of a member

PAM SEYMOUR

Typed or printed name of signee