

L17 0000001901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

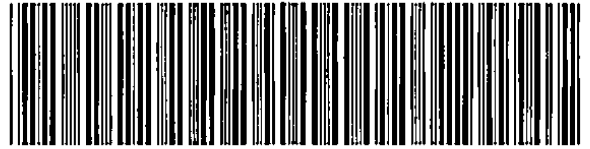
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Amend/Name
chg

SEP 1 2019

1 ALPITON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cilantro Creations, 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:

Sen Khiev

Name of Person

Cilantro Creations, LLC
Firm/Company

4754 SW 80th Terrace

Address

Gainesville, FL 32608

City/State and Zip Code

SenKhiev@yahoo.com

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

For further information concerning this matter, please call:

Sen Khiev

Name of Person

at (352) 214-1469

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 conv is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional conv is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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>
AMBR	Sydney Meih	2905 NW 20th Drive, Newberry, FL 32669	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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) this date will not be listed as the applicable statutory filing requirements.

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 of authorized administrative or a military

Typed or printed name of signee