

L17000033707

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 08 2017

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STOP CREDIT CARD FEES 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:

ALEXI BETHEL  
\_\_\_\_\_  
Name of Person

STOP CREDIT CARD FEES LLC  
\_\_\_\_\_  
Firm/Company

6560 W ROGERS CIRCLE STE 19  
\_\_\_\_\_  
Address

BOCA RATON, FL 33487  
\_\_\_\_\_  
City/State and Zip Code

ALEXIBETHEL@YAHOO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXI BETHEL                      954              842-0572  
\_\_\_\_\_  
Name of Person                      at (              )              \_\_\_\_\_  
Area Code              Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

STOP CREDIT CARD FEES 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	ALEXI BETHEL	951 BROKEN SOUND PKWY	<input type="checkbox"/> Add
		STE 195	<input type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change
MGR	SEAN QUILTER	951 BROKEN SOUND PKWY	<input type="checkbox"/> Add
		STE 195	<input type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change
MGR	PETER ROUSSONICOLOS	6560 W ROGERS CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

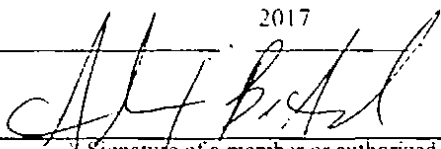
17 AUG -7 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 08/04

2017



Signature of a member or authorized representative of a member

ALEXI BETHEL

Typed or printed name of signee