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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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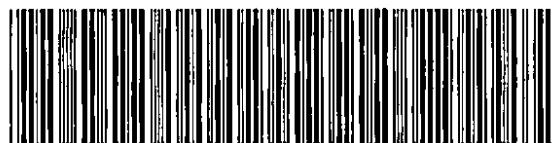
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: BIBAJIMA 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:

Elizabeth C. Barnes Esq

Name of Person

Law Office of Elizabeth C. Barnes Esq LLC

Firm/Company

4020 Park Street N, Suite 201B

Address

St Petersburg, FL 33709

City/State and Zip Code

elizabeth@barneslawfl.com

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

For further information concerning this matter, please call:

Elizabeth Barnes

727

317-3365

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

BIBAJIMA 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>
AMBR	William Z Gaddy III	9419 NW 15th Ave	<input checked="" type="checkbox"/> Add
		Branford, FL 32008	<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.

2018

2018



Signature of a member or authorized

Signature of a member or authorized representative of a member

Barbara Gaddu AMBR

Typed or printed name of signee