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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

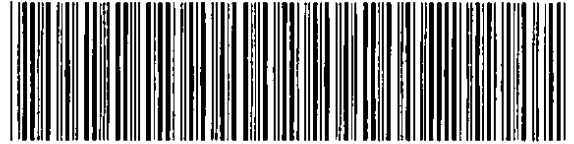
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R. HUNT  
07/24/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3694 Isabella Blvd, 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:

Kristopher D. Robinson  
Name of Person  
Robinson Collins  
Firm/Company  
1604 Stockton Street  
Address  
Jacksonville, Florida 32204  
City/State and Zip Code  
1983rhc@gmail.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
STATE OF FLORIDA  
JAN 29 PM 4:53

For further information concerning this matter, please call:

Kristopher D. Robinson 904 483-3857  
Name of Person at 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 3694 Isabella Blvd, LLC

Cin.

Florida

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

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	Lauri B. Rice	12 Ponte Vedra Circle	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JANUARY, FL

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OFFICE OF STATE  
COMMISSIONER, FL

(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)

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 July 18, 2023

Signature of a member or authorized representative of a member *Member*

Larry A. Rice, Sole Member

Typed or printed name of signee

**Filing Fee: \$25.00**