

L17000077216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

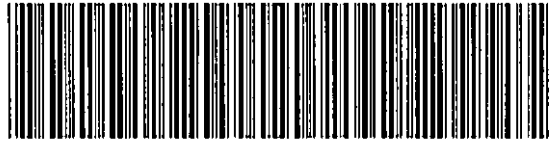
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*Filing fee waived due to error
on part of this office. Filed
without sufficiency*
T.A.



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FILED
18 JAN 10 PM 2:18
CLERK OF STATE
TAMASEE COUNTY

T. BURCH
JAN 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anamorphosis Art 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:

Ania Amador
Name of Person

Anamorphosis Art LLC
Firm/Company

4230 Stonewall Drive
Address

Orlando, FL 32812
City/State and Zip Code

Anamorphosis Art@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ania Amador at (407) 575-5033
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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13 JAN 10 PM 2:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

10

13 JAN 10 PM 2:18
U.S. DEPT OF STATE
TALLAHASSEE, FLORIDA

(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 Jan 10, 2018

Signature of a member or authorized representative of a member

Ania Amador
Typed or printed name of signer