

L17 000099507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

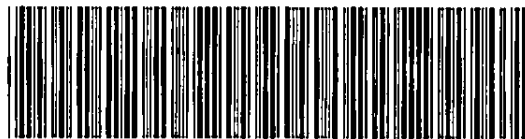
(Business Entity Name)

(Document Number)

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19 DEC -5 PM 1:27  
TALLAHASSEE, FLORIDA

JAN 11 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SINGLEHANDED ENTERPRISES, 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:

VICTOR OSCAR BORKOSKI  
Name of Person

SINGLEHANDED ENTERPRISES, LLC  
Firm/Company

9172 COLLINS AVE. #304  
Address

SUBSIDIE FL 33154  
City/State and Zip Code

SINGLEHANDEDENTERPRISES@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA G. BORKOSKI at (305) 582-0446  
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

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and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
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AMGR	Cynthia G. Borkoski	9333 Carlyle Ave.	<input checked="" type="checkbox"/> Add
		SURFSIDE FL 33154	<input type="checkbox"/> Remove

☐ Change

MGR	VICTOR D. BORKOSKI	9172 Collins Ave.	<input type="checkbox"/> Add
		# 304	<input type="checkbox"/> Remove

☒ Change

☐ 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.

26 November 2019

Signature of a member or authorized representative of a member

VICTOR OSCAR BORILOSKI

Typed or printed name of signee