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S Warren

MAY 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALDER KLIPPEN, 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:

Chad T. Orsatti, Esq.

Name of Person

Orsatti & Associates, P.A.

Firm/Company

2925 Alternate 19 North, Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

chad@orsattilaw.com

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

For further information concerning this matter, please call:

Chad T. Orsatti, Esq.

727 772-9060
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 &
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☐ \$60.00 Filing Fee,
Certificate of Status &
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(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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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

Title	Name	Address	Type of Action
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(b) The 90th day after the record is filed.

Dated May 15, 2017

Signature of a member or authorized representative of a member

Chad T. Orsatti, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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