

L17000165816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Licwin Chops 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:

Kara Moreira
Name of Person

Licwin Chops LLC
Firm/Company

4539 Swallowtail Dr.
Address

New Port Richey FL 34653
City/State and Zip Code

Kara Moreira 1984@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kara Moreira at (727) 326-3234
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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	Kara Moreira	4539 Swallowtail Dr.	<input checked="" type="checkbox"/> Add
		New Port Richey FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark Moreira	4539 Swallowtail Dr.	<input checked="" type="checkbox"/> Add
		New Port Richey FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

Dated August 07 . 2017 .

Kare J. Moran

Signature of a member or authorized representative of a member

Kara L. Moreira

Typed or printed name of signee