

C17000 171258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

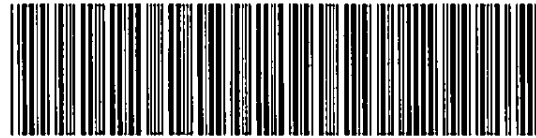
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

OCT 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sea Food Lover's Delight

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:

Rose-Karleen Pierre

Name of Person

Firm/Company

2041 NE 167th St Apt 4

Address

N Miami Beach, FL 33162

City/State and Zip Code

realgreancleaning@hotmail.com

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

For further information concerning this matter, please call:

Rose-Karleen Pierre

786 6603155

at (_____) _____

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	Rose-Karleen Pierre	2041 NE 167th St Apt 4	<input checked="" type="checkbox"/> Add
		N Miami Beach, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nitchev Casseus	2041 NE 167th St Apt 4	<input checked="" type="checkbox"/> Add
		N Miami Beach, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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MIAMI BEACH, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add EIN number to the current filing, copy will be attached. 82-2275189

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 October 17 2017

Joe

Signature of a member or authorized representative of a member

Rose-Karleen Pierre

Typed or printed name of signee

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U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA