

117000172567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

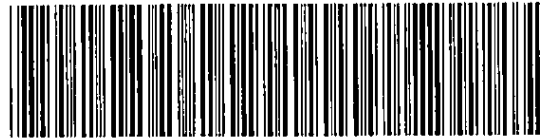
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN 10 PM 12:18
2019 JUN 10 PM 12:27
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AND
APPROVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lady Jade

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:

Maya Bethea

Name of Person

MKB Visions

Firm/Company

9526 Argyle Forest Blvd Suite B2 #145

Address

Jacksonville, FL 32222

City/State and Zip Code

Sunshyne@MKBvisions.com

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

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AND
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JUN 10 2019

For further information concerning this matter, please call:

Maya Bethea

844

863-8800

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 &
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

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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APPROVED AND FILED
 JUN 10 2012
 11:12 AM
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