

417 000 206 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

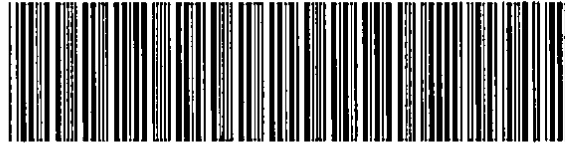
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DIVISION 31

17 OCT 26 AM 10:02

FILED

OCT 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

Little House of Orchids

SUBJECT: _____
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:

Fanny Cortes

Name of Person

Little House of Orchids, LLC

Firm/Company

9820 SW 13 Terr

Address

Miami, FL 33174

City/State and Zip Code

Fannycortes1128@yahoo.com

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

For further information concerning this matter, please call:

Fanny Cortes

786

302-8086

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

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17 OCT 26 AM 10:08

(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)

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 10/23/17



Signature of a member or authorized representative of a member

Fanny Cortes

Typed or printed name of signee