

117000257286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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ALABAMA JUDICIAL SYSTEM

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2018 APR 11 A 10:28

4/16/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2018

RAQUEL MORRISON  
1328 SW 14 ST  
MIAMI, FL 33145

SUBJECT: RM GRAPHIC DESIGN LLC  
Ref. Number: L17000257286

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2018 APR 11 A 10:28  
TALLAHASSEE, FLORIDA

We have received your document for RM GRAPHIC DESIGN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00006528

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

RM Graphic Design LLC

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:

Raquel Morrison

\_\_\_\_\_  
Name of Person

RM Graphic Design LLC

\_\_\_\_\_  
Firm/Company

1328 SW 14 St

\_\_\_\_\_  
Address

Miami, FL 33145

\_\_\_\_\_  
City/State and Zip Code

morrisonraquel@gmail.com

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

2018 APR 11 A 10:28

FILED

For further information concerning this matter, please call:

Raquel Morrison

305 299-2040

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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MILWAUKEE, WIS.

200 APR 11 AM 10:23  
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**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Raymond Morrison  
Signature of a member or authorized representative of a member

Rayne Morrison  
Typed or printed name of signee