

L18000 000852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

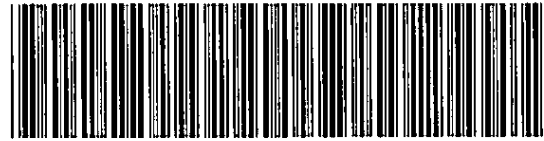
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400381152714

02 FEB 2022 01:02 PM 400381152714

FILED
2022 FEB 18 PM 2:42
STATE
TOLSON, MD

Name Change

MAR 01 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rebekah Mann Photography
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:

Rebekah Mann

Name of Person

Firm/Company

2035 High Glen Ct N

Address

Lakeland, FL 33813

City/State and Zip Code

rebekah@rebekahandgrace.com

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

For further information concerning this matter, please call:

Rebekah Mann 863 670-3113
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 FEB 18 PM 2:42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

_____ ☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

[Add](#)

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

☐ Remove

[illegible]

(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.

Rebekah L Mann
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00