

L18000006296

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TALLAHASSEE, FL

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A. BUTLER

FEB 17 2022

COVER LETTER



Registration Section
Division of Corporations

IF IT IS VILLAGE 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:

Khetpapol Limphoka

Name of Person

IF IT IS LLC

Firm/Company

5500 SW 17th Ct

Address

Gainesville, FL 32608

City/State and Zip Code

ifitisgainesville@gmail.com

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

For further information concerning this matter, please call:

Khetpapol Limphoka

253

653-7548

Name of Person at (_____) _____
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

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>
AMBR	HEFTIS LLC	5500 SW 17th Ct, Gainesville, FL 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KHETPAOL LIMPHOKA	2335 SW 35TH PL., APT 20 Gainesville, FL 32608	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PUNNADA LIMPHOKA	2335 SW 35TH PL., APT 20 Gainesville, FL 32608	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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)

Dated _____

Khetpapol Limphoka
Typed or printed name of signer