

48000061396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

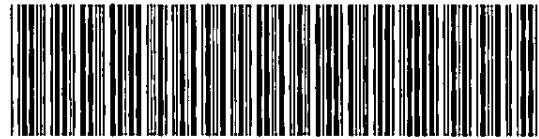
(Document Number)

Certified Copies \_\_\_\_\_

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Office Use Only



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10/15/18--01013--013 \*\*25.00

2018 NOV - 1 PM 11:36

FILED

11/5/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2018

AKEEMA BANCH  
12641 DOUGLAS FIR CT  
CLERMONT, FL 34711

SUBJECT: JUDAH ARTS EXPERIENCE ACADEMY LLC  
Ref. Number: L18000061396

We have received your document for JUDAH ARTS EXPERIENCE ACADEMY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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: 618A00021915

FILED

2018 NOV -1 AM 11:50

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Judah Arts Experience Academy  
\_\_\_\_\_  
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:

Akeema Branch  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
\_\_\_\_\_  
Address  
  
12641 Douglas Fir ct, Clermont FL 34711  
\_\_\_\_\_  
City/State and Zip Code  
  
JudahAE@JudahArtsExperience.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2009-11-17 11:37

For further information concerning this matter, please call:

Akeema Branch 321 460-6048  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Judah Arts experience Academy LLC

Judah Arts Experience LLC

Page 1 of 3

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>
MGR	Wilson Joel	12641 Douglas Fir ct.Clermont, FL 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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 October 30, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee