

**L1800006975**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

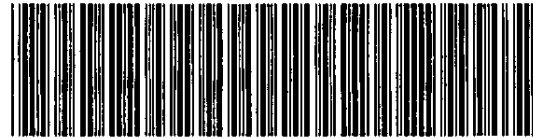
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 APR 17 A 11:40  
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TALLAHASSEE, FLORIDA

4/24/18 DS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAJOR INK STUDIOS LLC  
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:

Joseph Olmino  
Name of Person

MAJOR INK STUDIOS LLC  
Firm/Company

8721 SW 27th Street  
Address

DAVE FLORIDA 33328  
City/State and Zip Code

MIKAMAR Anthony@yahoo.com / Joseph Olmino@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Olmino / Anthony Pascariello at 954 789-7486  
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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MAJOR INK STUDIOS L.L.C.

The Articles of Organization for this Limited Liability Company were filed on 3/14/18 and assigned Florida document number #670649. EIN# 82-5122857

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>
AMBR	Joseph Olmindo	8721 SW 27 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
	Steve Olmindo		<input type="checkbox"/> Remove
	Change Steve Olmindo To Joseph Olmindo		<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2018 APR 11  
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.007 (3)(b)

**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.

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

4/13/18

Signature of a member or authorized representative of a member

Joseph Olmindo

Typed or printed name of signee

Anthony Pasciello

**FILED**

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(Additional)  
Pursuant to 6A-50.  
this date will be listed