

L18000092941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

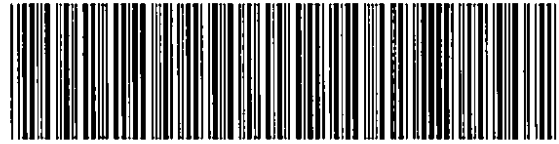
(Business Entity Name)

(Document Number)

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18 SEP 13 PM 6:00  
CLERK OF SUPERIOR COURT  
JULIA M. HARRIS

© SIMMONS  
SEP 13 2018

## COVER LETTER

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

SUBJECT: **BARRE BESTIES 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:

**ANNACHRISTA MITISEK**

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

**BARRE BESTIES LLC**

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

**4633 WEST LONGFELLOW AVENUE**

\_\_\_\_\_  
Address

**TAMPA, FL 33629**

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

**ACFABULOUS@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**ANNACHRISTA MITISEK**

**813**

**833-8758**

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

FILED  
SEP 13 11 06:00  
and assigned

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FEDERAL RESERVE BANK  
ATLANTA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

18 SEP 13 PM 0

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SEP 13 PM 6:00  
18

**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 605.0207 (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 SEPTEMBER 7 2018

*[Signature]*  
Signature of a member of author

Signature of a member or authorized representative of a member

ANNACHRISTA MITISEK

Typed or printed name of signee