

L18000096313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

☐ WAIT

☐ MAIL

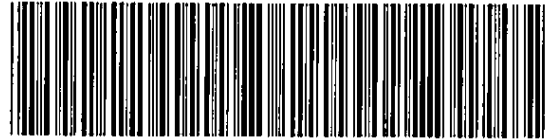
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/13/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAZSEL 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:

STEPHANIE TREVISAN

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

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

14532 SW 83RD ST

\_\_\_\_\_  
Address

MIAMI, FL 33183

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

JOSEPH@TAXEMPEROR.COM

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

For further information concerning this matter, please call:

STEPHANIE TREVISAN

305 793-6961

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SABRINA AKHAVAN	14532 SW 83RD ST	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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 NOVEMBER 10, 2020

Stephanie Trevisan  
Signature of a

Signature of a member or authorized representative of a member

STEPHANIE TREVISAN

Typed or printed name of signee