

LI8000132664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

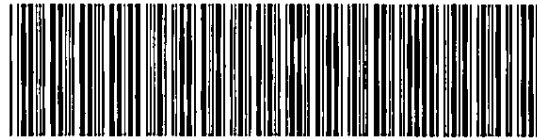
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL -5 PM 4:23
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JUL 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Post'd MarketSpace 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:

Connor McClellan

Name of Person

Post'd MarketSpace LLC

Firm/Company

6907 West Sunrise Blvd, Apt. 503

Address

Plantation, Florida 33313

City/State and Zip Code

mcclellanconnor@yahoo.com

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

For further information concerning this matter, please call:

Connor McClellan

407

748-6153

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

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	Robert Irwin		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3308 Heathgate Ct. Orlando, FL 32812	<input checked="" type="checkbox"/> Change
MGR	Robert Irwin		<input type="checkbox"/> Add
		3308 Heathgate Ct. Orlando, FL 32812	<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2018 JUL -5 PM 4:23
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-25-2018 BY 60322 UCBAW

E. Effective date, if other than the date of filing: _____ (optional)

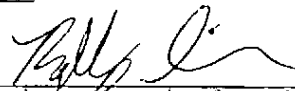

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 6/23/2018 1:00 pm


Signature of a member or authorized representative of a member

Connor McClellan & Robert Irvin

Typed or printed name of signee