

U8000132730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

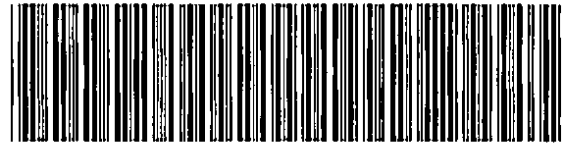
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -7 PM 5:42

Amend

JUN 17 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY PHO KING DUMPLINGS, 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:

PATRICK STEWART

Name of Person

Firm/Company

105 BLUE GULF DRIVE

Address

SANTA ROSA BEACH FLORIDA 32459

City/State and Zip Code

NICOLE@LFEWARDMEDICAL.COM

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

For further information concerning this matter, please call:

PATRICK STEWART 530 386-6001
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

PATRICK STEWART
105 BLUE GULF DRIVE
SANTA ROSA BEACH, FL 32459

SUBJECT: MY PHO KING DUMPLINGS LLC
Ref. Number: L18000132730

We have received your document for MY PHO KING DUMPLINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 319A00001402

RECEIVED

2019 JUN -7 PM 12:37

Division of Corporations

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	HANDWERKER, KASTY NICOLE	105 BLUE GULF DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HANDWERKER, KASEY NICOLE	105 BLUE GULF DRIVE SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Add
			<input 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"/> Remove
			<input type="checkbox"/> Change

[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 3/7/19

Patrick Stewart
Signature of a member or authorized representative of a member

Typed or printed name of signee