

L18000170725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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18 JUL 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
JUL 30 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unscene Solutions, 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:

Elena Capps

Name of Person

Firm/Company

2900 Downing St.

Address

Jacksonville, FL. 32205

City/State and Zip Code

ecappsj@gmail.com

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

For further information concerning this matter, please call:

Elena Capps

904

405-3144

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	Joshua Capps	2900 Downing St. Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

18 JUL 25 PM 3:22
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SECRETION OF INTELLIGENCE
FALLING SECRETARY OF THE ARMY

F. 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 _____

Signature of a member or authorized representative

Elena Capps

Typed or printed name of signee