

L190000017411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

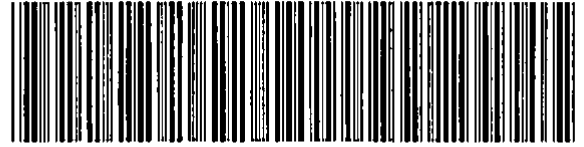
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/05/19--01006--014 **25.00

S TALLENT

JUN 21 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN -5 PM 3:52

FILED

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Abbie and Me 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:

Abbie Rucker

Name of Person

Abbie and Me LLC

Firm/Company

1541 E Irlo Bronson Memorial Hwy

Address

Saint Cloud, FL 34772

City/State and Zip Code

AbbieRucker91@yahoo.com

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

For further information concerning this matter, please call:

Abbie Rucker

407

927-6714

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

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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>
MGR	William Rocker		<input type="checkbox"/> Add
		PO Box 700607 Saint Cloud FL 34770	<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
			<input type="checkbox"/> Remove
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[illegible]

(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)

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 ~~May 31~~ May 31, ~~2009~~ 2019

Abbie Marie Rocker

Signature of a member or authorized representative of a member

Abbie Marie Rucker

Typed or printed name of signee