

3/13/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THAT CRAFTY COUPLE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Electronic Filing Menu

Corporate Filing Menu

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JLS
3-14-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THAI CRAFTY COUPLE 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

John.Lawrence@gmx.us

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	John Lawrence	18710 SW 107th Ave #12	<input type="checkbox"/> Add
		Miami, Florida 33157	<input checked="" type="checkbox"/> Remove
AMBR	Vanessa Lawrence	18710 SW 107th Ave #12	<input type="checkbox"/> Add
		Miami, Florida 33157	<input checked="" type="checkbox"/> Remove
AMBR	John Lawrence	18710 SW 107th Ave #12	<input checked="" type="checkbox"/> Add
		Cutler Bay, Florida 33157	<input type="checkbox"/> Remove
AMBR	Vanessa Lawrence	18710 SW 107th Ave #12	<input checked="" type="checkbox"/> Add
		Cutler Bay, Florida 33157	<input type="checkbox"/> Remove
			<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.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 11

2019

Signature of a member or authorized representative of a member

John Lawrence

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA