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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

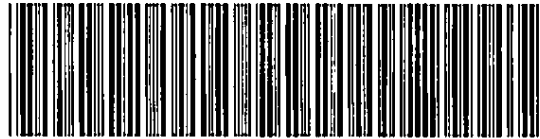
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ravage Boutique
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:

Chriscinia Collazo
Name of Person

Ravage Boutique
Firm/Company

4135 Ambrosia Ct Apt 2013
Address

Fort Myers FL 33916
City/State and Zip Code

chrissycolla@ravageboutique.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chriscinia Collazo at (716) 261-8660
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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	Chriscinia Collazo	4135 Ambrosia Ct Apt 2013	<input type="checkbox"/> Add
		Fort Myers FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chriscinia Collazo Maldonado	4135 Ambrosia Ct Apt 2013	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

(b) The 90th day after the record is filed.

Chriscinia Collazo Maldonado
Signature of a member or authorized representative of a member

Chriscinia Collazo Maldonado
Typed or printed name of signee