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COVER LETTER

): Registration Section Division of Corporations

JBJECT:E	ERÎKA EIARCÎA ENTER Name of Limi	PRISES LLC ited Liability Company		
	Amendment and fee(s) are submodence concerning this matter	•		
	ERIKA C. GARCÍA Name of Person			
		Firm/Company		
		Address Address L FL 33545 City/State and Zip Code		
r further information o		DERVICES LLC @ GMail Co to be used for future annual report not		
ERIKA G		at (8 13) 323-1	386 ne Telephone Number	
iclosed is a check for t \$ \$25.00 Filing Fee	he following amount:	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	
4 525.00 Thing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tie</u>	<u>Name</u>	Address 30938 Wells Road	Type of Action
MBR	EDWIN GARCIA	30938 Wells Read Wesley Chapel, FL 33545	īØAdd
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	ive date, if other than the date of filing: 4100 2023 (optional)
n eff te:	ive date, if other than the date of filing:
	d 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 led.
cd	November 6th . 2023.
	January Company
	Signature of a member okadthorized representative of a member
	ERIKA C. GARCÍA