

L19 000 125377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

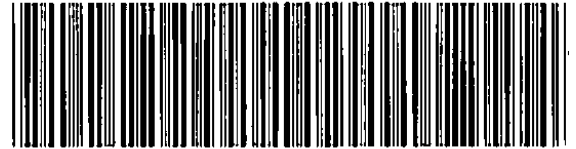
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/15/2013 1:00 PM 49

R. WHITE

JUL 15 2013

2013 JUL -5 PM 3:04

COVER LETTER

TO: Registration Section
Division of Corporations,

SUBJECT: BOMBAY ORCHID, 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:

ERIC FOSTER

Name of Person

DIMARCO & ASSOCIATES, CPAS, PA

Firm/Company

220 PINE AVE N SUITE A

Address

OLDSMAR, FL 34677

City/State and Zip Code

ROB@TAXARTIST.COM

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

For further information concerning this matter, please call:

ERIC FOSTER

727 787-5290

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

RECEIVED

2019 JUL -5 PM 3:04

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	ZACHARY HOBBY	220 PINE AVE N SUITE A OLDSMAR, FL 34677	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. 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 605.02(c)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.

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

Dated July 1st, 2019



Signature of a member or authorized representative of a member

Robert DiMarco

Typed or printed name of signee