

L19000 189743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

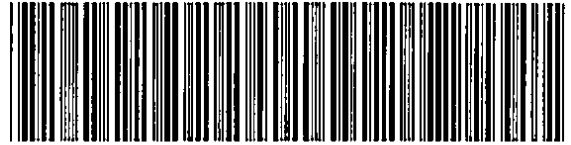
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/23/19--01001--021 **25.00

SEP 19 2019
TALLAHASSEE, FL

2019 SEP 19 AM 9:54

FILED

SEP 24 2019
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2019

FRANCIS E LEON
2713 CARLISLE AVE
ORLANDO, FL 32826

SUBJECT: OH ITS A PARTY LLC
Ref. Number: L19000189743

We have received your document for OH ITS A PARTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please add the type of action for Francis e Leon either check add, remove or change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850)-245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 719A00018615

RECEIVED

2019 SEP 18 12:06

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oh Its a Party
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:

Francia E. Leon

Name of Person

Oh Its a Party

Firm/Company

2713 Carlisle Ave

Address

Orlando, Florida 32826

City/State and Zip Code

ohitsaparty@gmail.com

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

For further information concerning this matter, please call:

Francia E. Leon	305	8155868
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

Oh Its a Party

N/A

N/A

N/A

Enter Florida street address

_____, Florida

City

Zip Code

Page 1 of 3

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	Francia E. Leon	3570 Millenia Blvd #8112 Orlando FL 32839	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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

Dated August 26, 2019

Francica E. Leon

Typed or printed name of signee