

K 19 000 216458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOUBLE EE 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:

SWOANEE MEJIA-CORTES

Name of Person

Firm/Company

31621 LOCH ALINE DRIVE

Address

WESLEY CHAPEL, FLORIDA 33545

City/State and Zip Code

SWOANEEDESTINEE@GMAIL.COM

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

For further information concerning this matter, please call:

SWOANEE MEJIA-CORTES

813 368-6768

at ()
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

10

2019 SEP -6 AM 11:14

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8/23/2019

3

— and

PUMP IT UP OF TAMPA

12878 COMMODITY PL

TAMPA, FLORIDA 33545

31621 LOCH ALINE DRIVE

WESLEY CHAPEL, FLORIDA 33545

Enter Florida street address

Florida

City _____ Zip Code _____

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I JUST NEED TO UPDATE THE EFFECTIVE DATE OF THE LLC FROM NOVEMBER 1ST 2019 TO THE NEW DATE OF

OCTOBER 25TH 2019. LLC EFFECTIVE DATE NEEDS TO SAY OCTOBER 25, 2019.

OCTOBER 25, 2019

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 605.0207 (3)(h)

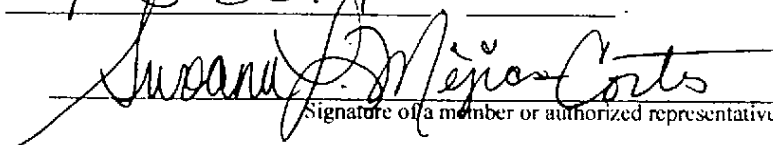
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9-3-2019



Signature of a member or authorized representative of a member

SWOANEE MEJIA-CORTES

Typed or printed name of signee