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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

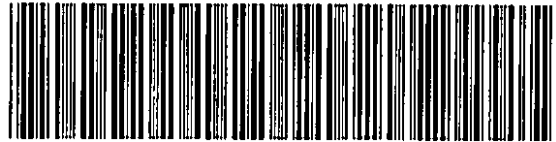
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C. RILEY

2019 OCT 31 PM 1:50  
TALLAHASSEE, FL  
FBI

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Imoutodreams 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:

Amanda P. Tschosik  
Name of Person

Imoutodreams LLC  
Firm/Company

907 Dakota Ave  
Address

St. Cloud, FL 34769  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda P. Tschosik at (786) 382 9563  
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

1moutodreams LLC

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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	Amanda P. Tschosik	907 Dakota Ave.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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 10/22, 2019.

Signature of a member or authorized representative of a member

Amanda P. Tschosik  
Typed or printed name of signer