

L19000 248 944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

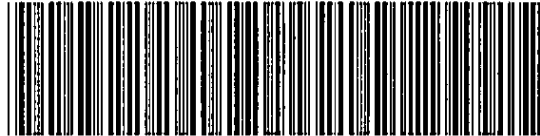
(Business Entity Name)

(Document Number)

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

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Office Use Only



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11/04/19--01015--003 \*\*25.00

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2019 NOV -4 AM 9:26  
SECRET OF STATE  
TALLAHASSEE, FLORIDA

Y 511177  
11/04/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Fruitfully Multiplied LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Austin Bonner**

Name of Person

**Fruitfully Multiplied LLC**

Firm/Company

**7901 4th St N STE 300**

Address

**St. Petersburg, FL 33702**

City/State and Zip Code

**austinbonner89@gmail.com**

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

For further information concerning this matter, please call:

**Austin Bonner**

Name of Person

**239 691-5240**

at ( )

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

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SIO: the name of the  
TALLAHASSEE, FLORIDA

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>
AMBR	Austin Bonner	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated October 25, 2019.

  
\_\_\_\_\_  
Signature of a member of authorized representative

Typed or printed name of signee