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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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MR21209

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aubrey Jean Photography, 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:

Aubrey Jean DeJesus

\_\_\_\_\_  
Name of Person

Aubrey Jean Photography, LLC

\_\_\_\_\_  
Firm/Company

8801 SW 42 Street

\_\_\_\_\_  
Address

Miami, FL 33165

\_\_\_\_\_  
City/State and Zip Code

aubrey.dejesus@gmail.com

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

For further information concerning this matter, please call:

Aubrey DeJesus

305 331-7761

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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	Aubrey Jean DeJesus	8801 SW 42 Street	<input type="checkbox"/> Add
		Miami, FL 33165	<input checked="" type="checkbox"/> Remove
		8801 SW 42 Street	<input type="checkbox"/> Change
AMBR	Aubrey Jean DeJesus	Miami, FL 33165	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 February 24, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Aubrey Jean DeJesus**

Typed or printed name of signee

**Filing Fee: \$25.00**