

L19000 265634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

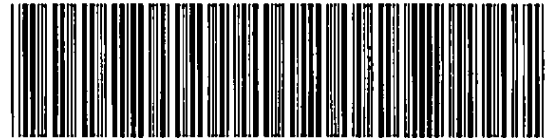
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 13 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ksnackz Treatery 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:

Keyana M Waterman

Name of Person

Ksnackz Treatery

Firm/Company

3141 NW 47TH TERR APT 226

Address

LAUDERDALE LAKES/FL 33319

City/State and Zip Code

ksnackztreats@gmail.com

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

For further information concerning this matter, please call:

Keyana M Waterman

631

5058118

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

2020 OCT -6 PM 5:35

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---|--|
| MGR | Keyana M Waterman | 3141 NW 47TH TERR APT 226 LAUDERDALE LA | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Antionette M Waterman | | <input type="checkbox"/> Add |
| | | 1 RIVER STREET MASSAPEQUA, NY 11758 UN | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Christopher Williams | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 3141 NW 47TH TERR APT 226 LAUDERDALE LA | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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(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: (b) The 90th day after the record is filed.

Dated September 29th 2020

X *Civilian*
Signature of a member or authorized representative of a member

Christopher Williams

Typed or printed name of signee