

L 19 000 294 983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

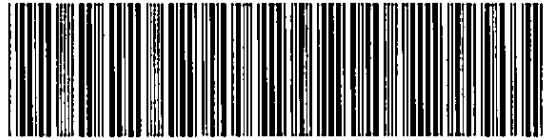
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 MAR 13 AM 11:59
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

Name Change

MAR 30 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephanie Alcinder 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:

Stephanie Alcinder
Name of Person

Stephanie Alcinder LLC
Firm/Company

1170 NW 11 St Apt. 813
Address

Miami, FL 33136
City/State and Zip Code

S.alcinder11@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nevinston Alcinder at (305) 781-0701
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

20 MAR 13 AM 11:59

RECEIVED
DIVISION OF STATE
CORPORATIONS

Stephanie Alcindor LLC

Privy Medical LLC

1170 NW 11 St Suite 813

Miami, FL 33136

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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: (b) The 90th day after the record is filed.

Dated February 6th, 2020

Stan

Signature of a member or authorized representative of a member

Stephanie Alinder

Typed or printed name of signee

Filing Fee: \$25.00