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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

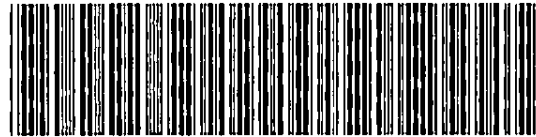
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: San Marco X, 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:

Juliya Moody

Name of Person

Bookkeeping & Accounting of FL Inc

Firm Company

9905 Old St Augustine Rd Suite 501

Address

Jacksonville, FL 32257

City/State and Zip Code

jmoody@banda-cpa.com

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

For further information concerning this matter, please call:

Juliya Moody

904

333 1041

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

11/24

SAN MARCO X, LLC

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	Imad Din	1655 Prudential Dr 2347, Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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02/11/20

[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)

Typed or printed name of signee