

L20000005670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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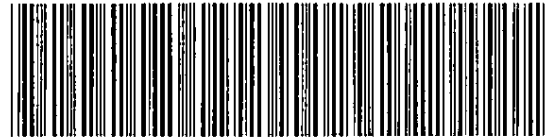
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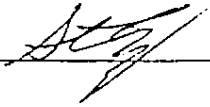
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SCHACK SOLUTIONS, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

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Will Pick Up

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCHACK SOLUTIONS, 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:

JOANNA ANDRADE LEHMANN, ESQ.

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

EPGD ATTORNEYS AT LAW, P.A.

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

777 SW 37th AVE, SUITE 510

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33135

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

JOANNA@EPGDLAW.COM

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

For further information concerning this matter, please call:

JOANNA ANDRADE LEHMANN

786 837-6787  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>                      |
|--------------|-----------------------|----------------------|--|
| AMBR         | MARIA V BRAVO         | 6320 86TH LANE       | <input type="checkbox"/> Add               |
|              |                       | VERO BEACH, FL 32967 | <input checked="" type="checkbox"/> Remove |
|              |                       |                      | <input type="checkbox"/> Change            |
| MGR          | MARIA VICTORIA SCHACK | 6320 86TH LANE       | <input checked="" type="checkbox"/> Add    |
|              |                       | VERO BEACH, FL 32967 | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |
|              |                       |                      | <input type="checkbox"/> Add               |
|              |                       |                      | <input type="checkbox"/> Remove            |
|              |                       |                      | <input type="checkbox"/> Change            |
|              |                       |                      | <input type="checkbox"/> Add               |
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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 SEPTEMBER 20 2024

2.1.11

ERIC P. GROS-DUBOIS, ESQ. Authorized Representative

**Filing Fee: \$25.00**