

120 000032412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

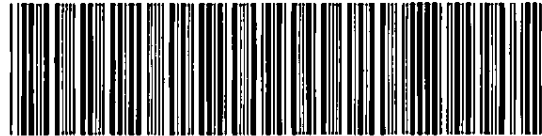
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02/18/20--01011--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY 11 AM 9:25

Amend

MAY 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SHADE DESIGN 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:

DIEGO M GUADALUPE

Name of Person

THE SHADE DESIGN LLC

Firm/Company

2515 POLK ST #17

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

Matiasguadalupe@hotmail.com

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

For further information concerning this matter, please call:

Diego M Guadalupe

717

858-6424

Name of Person

at (_____) _____
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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAY 11 AM 9:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 11 PM 2:07

March 13, 2020

DIEGO M GUADALUPE
THE SHADE DESIGN LLC
2515 POLK ST #17
HOLLYWOOD, FL 33020

SUBJECT: THE SHADE DESIGN LLC
Ref. Number: L20000032412

We have received your document for THE SHADE DESIGN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records you have not made any changes with this form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 920A00005640

SECRETARY OF STATE
U.S. DEPARTMENT OF COMMERCE
20 MAY 11 AM 9:25
assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

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 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00