

L2000000 87015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

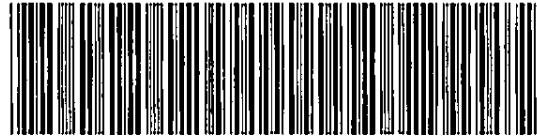
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFDDLH RENTALS 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:

LAWANDA F DEAN-JONES

Name of Person

Firm/Company

4437 BASSWOOD RD

Address

GREENWOOD, FL 32443-1855

City/State and Zip Code

lfaydean@mc.com

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

For further information concerning this matter, please call:

LAWANDA F DEAN-JONES

954 257-7356
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

LFDLLH RENTALS LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

4/27/2020
Elizabeth Dear-Jones
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00