

L20000 100 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

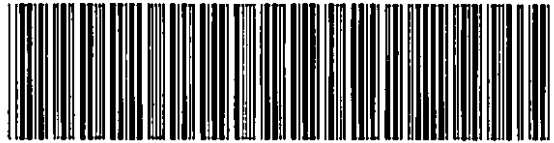
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/20--01021--001 **80.00

2020 MAY 13 AM 10:38

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C. GOLDEN

JUN -2 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDL Credit Restoration, 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:

Veronique Pires-Mendes

Name of Person

MDL Credit Restoration, LLC

Firm/Company

13650 Ashlar Slate Pl

Address

Riverview, FL 33579

City/State and Zip Code

milovp@yahoo.com

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

For further information concerning this matter, please call:

Veronique Pires-Mendes

862 218-2780
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

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2020-01-13 AM 10:38

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[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 5/9/20, _____



Signature of a member or authorized representative of a member

VERONIQUE PIERES-HEWES.

Typed or printed name of signee