

L20000100659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

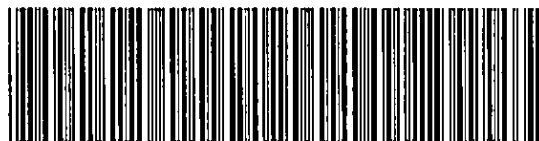
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900344025469

05/05/20--01008--025 **25.00

RECEIVED

MAY 04 2020

2020 MAY 26 AM 10:43
CLERK OF SUPERIOR COURT
ALLAHABAD, INDIA

MAY 27 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CML Creations, 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:

Chelsie La Nore

Name of Person

Firm/Company

6706 Riverside Bluffs Dr.

Address

Riverview, FL 33578

City/State and Zip Code

lanore06@gmail.com

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

For further information concerning this matter, please call:

Chelsie La Nore

231 206-0754

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

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	Chelsie La Nore	6706 Riverside Bluffs Dr.	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAY 6 - 4:10:41
FALL HAVEN
FALL HAVEN
FALL HAVEN

220 MAY 26 AM 10:45
ELI A. HASEFF, JR.
ELI A. HASEFF, JR.

2120 H.A.Y. 26. A.H. 10: 45
J.E.L.A. 4000 (25. 1951)
J.E.L.A. 4000 (25. 1951)

Effective date, if other than the date of filing: _____ (optional)
(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 4/28

5/21

2020

Signature of a member or authorized representative of a member

Chelsie La Nore

Typed or printed name of signee

Filing Fee: \$25.00