

L20 000 100840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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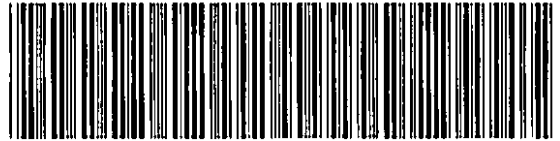
(Business Entity Name)

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TALLAHASSEE, FL 32310

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am
5/29/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & J FLORIDA ENTERPRISE 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:

SYED MEHDI HASSANYAR

Name of Person

NOVA PHARMACY

Firm/Company

5802 N ARMENIA AVE. STORE #1

Address

TAMPA, FL 33603

City/State and Zip Code

NOVAPHARMACY2020@GMAIL.COM

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

For further information concerning this matter, please call:

SYED HASSANYAR

813

3128522

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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~~SECRETARY OF STATE~~
~~IN RECORDS SECTION~~

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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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 05/04/2020, SH _____

Signature of a member or authorized representative of a member

Typed or printed name of signee