

L20000 119443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

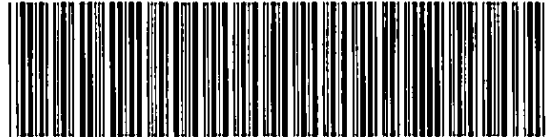
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/30/20--01011--002 ♦♦25.00

CLERK OF STATE  
TALLAHASSEE, FL

2020 SEP 30 PM 2:34

FILED

11/5/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRAP REZEN 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:

YOTTY ZETRENNE

Name of Person

GRAP REZEN LLC.

Firm/Company

5143 S JOHN YOUNG PKWY, STE 143

Address

ORLANDO, FL 32839

City/State and Zip Code

Zetrenn1979@gmail.com

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

For further information concerning this matter, please call:

YOTTY ZETRENNE

407 912-7777  
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

**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>
AMBR	BAUVIL, LE JEUNE JR.	11218 DORMER WAY	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
2020 SEP 30 PM 2:35  
CLERK OF DISTRICT COURT  
HALL COUNTY, FL

2020 SEP 30 PM 2:35  
CLERK OF DISTRICT  
JAIL, ALACHUA COUNTY, FL

FILED  
2020 SEP 30 PM 2:35  
CLERK OF STATE  
TALLAHASSEE, FL

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee