

L20000 131993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

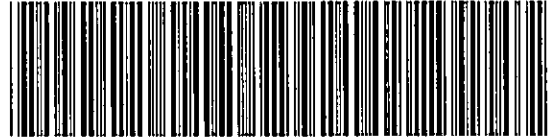
(Business Entity Name)

(Document Number)

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JUL 25 2020
S. YOUNG

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JUN
2020 JUN 16 AM 7:12

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: IDTAFH 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:

Justin Cunningham

Name of Person

IDTAFH LLC

Firm/Company

418 mallard lane

Address

Weston FL, 33327

City/State and Zip Code

justin.cunningham@live.com

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

For further information concerning this matter, please call:

Justin Cunningham

954 629-2170
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>
MGR	Justin Cunningham	418 mallard lane	<input checked="" type="checkbox"/> Add
		weston FL, 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Derkach	6110 Wiles Road	<input type="checkbox"/> Add
		Apartment 306	<input checked="" type="checkbox"/> Remove
		Coral Springs FL, 33067	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 6/4/2020 (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)

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.

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 June 4th

2020

Susan D. Korte
Signature of a member or authorized

Signature of a member or authorized representative of a member

Susan Derkach

Typed or printed name of signee

Filing Fee: \$25.00