

L20000 146046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

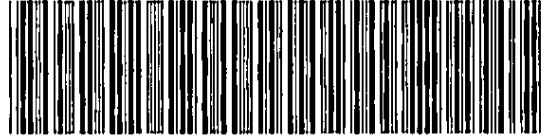
(Business Entity Name)

(Document Number)

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

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06/08/20--01005--022 \*\*25.00

2020 JUN -3 PM 5:19

COMMONS

JUN 23 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**ANAZONE MARKET LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ANASTASIYA RUBKEVICH**

\_\_\_\_\_  
Name of Person

**ANAZONE MARKET LLC**

\_\_\_\_\_  
Firm/Company

**1420 ATLANTIC SHORES BLVD APT 129**

\_\_\_\_\_  
Address

**HALLANDALE BEACH, FL 33009**

\_\_\_\_\_  
City/State and Zip Code

**ANAZONE.MARKET@GMAIL.COM**

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

For further information concerning this matter, please call:

**ANASTASIYA RUBKEVICH**

\_\_\_\_\_  
Name of Person

at ( **786** ) **914-88806**

\_\_\_\_\_  
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

MON JUN -8 PM 5:19

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	ANASTASIYA RUBKEVICH	1420 ATLANTIC SHORES BLVD 129 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANASTASIYA RUBKEVICH	1420 ATLANTIC SHORES BLVD 129 HALLANDALE FL 33009	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I MADE A MISTAKE IN TITLE, PLEASE FIX IT. THERE IS SUPPOSED TO BE MGR INSTEAD OF P.

2020 JUN - 8 PM 5:19

E. Effective date, if other than the date of filing: JUNE 05, 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 05, 2020

A. RUBKEVICH

Signature of a member or authorized representative of a member

ANASTASIYA RUBKEVICH

Typed or printed name of signee