L2000/52236

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

Susan Mi	ron, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan M. Miron		
	₹.		
	 	Firm/Company	
	20		
	21 AP		
	Ponte Vedra Beach, I	Fl. 32082 City/State and Zip Code	
	2021 APR -1 PH 9: 46		
	E-mail address: (to be used for future annual report not	fication)
For further information of	oncerning this matter, please c	all:	·- 5n
Susan Miron		at (860) 836 0301	
Name of Person			te Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee ee Street, Suite 810

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

1GR = Manager .MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			Add D D D C C C C C C C C C C C C C
			Remove Grange
			□Add
			Remove
			Change
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: If the date inserted	than the date of filing: the date must be specific and co d in this block does not me e on the Department of Sta	et the applicable	date of filing or more e statutory filing r	(opti than 90 days after requirements, thi	onal) - tiling.) Pursuant to s date will not be	605.020 listed a
ord specifies a delayoned.	ed effective date, but not a	n effective time.	, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
d	April 1	2021		<u></u>		
	X	~~'			\	