

L20000181613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

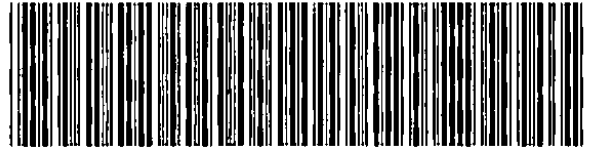
(Business Entity Name)

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2020 NOV 19 PM 12:19
ST. LOUIS, MO
TALLEN, J. J.

LA.
12/23/20

TO: Registration Section
Division of Corporations

SUBJECT: ONE SHOT SOLUTIONS 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:

LABIDOU, JOSEPH F, JR

Name of Person

Firm/Company

3033 S HORIZON PL

Address

OVIEDO, FL 32765

City/State and Zip Code

oneshotsolutionsllc@gmail.com

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

For further information concerning this matter, please call:

LABIDOU, JOSEPH F, JR

954

7015714

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

TO

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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

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 November 16th, 2020

Typed or printed name of signee

Filing Fee: \$25.00