

L20000 186447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

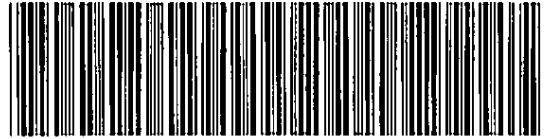
(Business Entity Name)

(Document Number)

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

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SEP 15 2020

S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESS REGISTRATION

2020 JUL 24 AM 7:22

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moments Unboxed 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:

Euphraimia Young  
Name of Person

Moments Unboxed LLC  
Firm/Company

710 Myrtle Cove Court, Apt-205  
Address

Orlando, FL 32825  
City/State and Zip Code

momentsunboxed@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Euphraimia Young at (704) 490-1495  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2020 JUL 24 AM 7:22  
and assigned

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Euphraimia Young	710 Myrtle Cove Ct. Apt-205	<input checked="" type="checkbox"/> Add
		Orlando, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edwin Young	710 Myrtle Cove Ct, Apt-205	<input checked="" type="checkbox"/> Add
		Orlando, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vanessa Nduse-Ucbm	12935 Colonnade Circle,	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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:** \_\_\_\_\_ (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 July 20th, 2020

Gephraimia  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

EUPHRAIMIA YOUNG

Typed or printed name of signee