

L20 000370230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

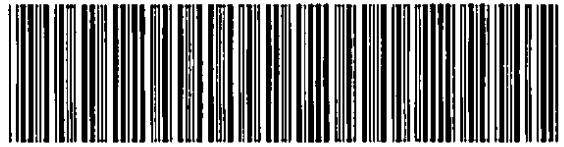
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/23/21
8A

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRELAWNI JEWELRY CO., 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:

Rochelle Y Lewis

Name of Person

TRELAWNI JEWELRY CO., LLC

Firm/Company

2511 N Haitus Rd. , #1023

Address

Cooper City, FL 33026

City/State and Zip Code

trelawnijewelryco@gmail.com

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

For further information concerning this matter, please call:

Rochelle Y Lewis

Name of Person

at (954) 668-8607

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	Rochelle Y Lewis	2511 N Hiatus Rd	<input type="checkbox"/> Add
		#1023	<input type="checkbox"/> Remove
		Cooper City, FL 33026	<input checked="" type="checkbox"/> Change
		10530 City Center Blvd., #202	<input type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input checked="" 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"/> Change

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

Amending the Principal Business and Mailing Address, Updating MGR address and changing the registered agent.

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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 December 6, 2020


Signature of a member or authorized representative of a member

Rochelle Y Lewis

Typed or printed name of signee

Filing Fee: \$25.00