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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

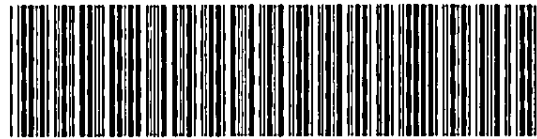
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CLERK OF STATE  
DIVISION OF CORPORATIONS  
21 MAR -9 AM 11:41

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLMP Advocacy & Consulting, 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:

Caitlin Powderly  
Name of Person

CLMP Advocacy & Consulting  
Firm/Company

3165 Eloise St.  
Address

Jacksonville, FL 32205  
City/State and Zip Code

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

For further information concerning this matter, please call:

Caitlin Powderly at (978) 408-9463  
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

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

21 MAR -9 AM 11:41

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:

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

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

\_\_\_\_\_  
Address

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

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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|---|--|--|--|
| <input 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) |
|---|--|--|--|

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Division of Corporations  
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**MGR = Manager**  
**AMBR = Authorized Member**

OFFICE OF STATE  
DIVISION OF CORPORATIONS

21 MAR -9 AM 11:41

Title	Name	Address	21 MAR -9 AM 11:41	Type of Action
MEM	Caitlin Powderly	31005 Eloi-se St.		<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205		<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 MAR -9 AM 11:41

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 February 18, 2021



Signature of a member or authorized representative of a member

Caitlin L. Powderly

Typed or printed name of signee

Filing Fee: \$25.00