

L21000043831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

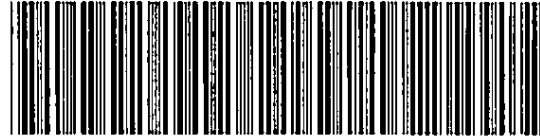
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/27/22 --01022-- 001 \*\*25.00

S. CHATHAM  
NOV 21 2022

FILED  
DIVISION OF CORPORATIONS  
22 OCT 31 PM 1:36

10/24/22

Secretary of State

FL Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: Reservation of Business Name

To Whom it May Concern:

I have completed and mailed in my updated business name change application today (attached for reference) and it is in line for processing; however, I would like to formally request that I reserve the business name below so that no other businesses can register for this business name.

Name to be Reserved: LionHeart Marketing, LLC  
Current Business name: Intrepid Marketing, LLC  
Applicant: Erica Staley  
Physical Address: 242 W Thatch Palm Circle, Jupiter, FL 33458  
Mailing Address: PO Box 191, Jupiter, FL 33468  
Phone: 561-677-3832

Please let me know if this is approved or if you have any questions.

Thank you for your time and help.



Erica Staley  
intrepidmarketing@outlook.com  
561-677-3832

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTREPID MARKETING, 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:

ERICA STALEY  
Name of Person  
LionHeart Marketing, LLC  
Firm/Company  
242 W THATCH PALM CIRCLE  
Address  
JUPITER FL 33468  
City/State and Zip Code  
INTREPIDMARKETING@OUTLOOK.COM and  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICA STALEY  
Name of Person  
561 670-4609  
at ( )  
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 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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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