

L21000043831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

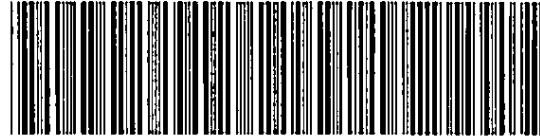
(Business Entity Name)

(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

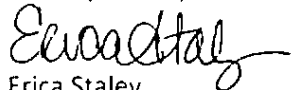
To Whom it May Concern:

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

at (561)

670-4609

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

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
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