

121 0000 94800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

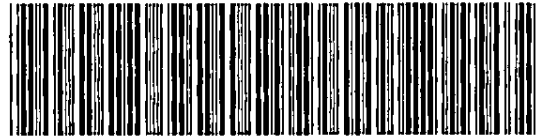
(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2021

SABRINA L. GORBY
2561 CR 447
LAKE PANASOFFKEE, FL 33538 US

SUBJECT: LIVINGSTON DIGITAL MARKETING LLC
Ref. Number: L21000094800

We have received your document for LIVINGSTON DIGITAL MARKETING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 621A00019061

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Livingston Digital 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:

Sabrina L Gorby

Name of Person

Livingston Digital Marketing LLC

Firm/Company

2561 CR 447

Address

Lake Panasoffkee, FL 33538

City/State and Zip Code

livingstondigitalmarketing@gmail.com

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

For further information concerning this matter, please call:

Sabrina L Gorby

352

446-1306

at (_____) _____

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

FILED
A 11:24

Samuel A. Garber
If Changing Registered Agent, Signature of New Registered Agent

Name Change Due To Marriage.

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 23, 2021

Signature of a member of _____

Signature of a member or authorized representative of a member

Sabrina L. Giorby

Typed or printed name of signer: