

L21000140341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

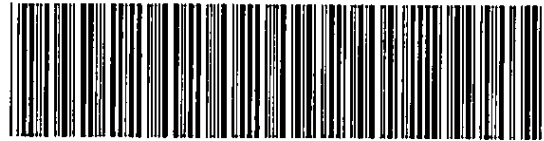
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200363239112

04/08/21--01023--013 **25.00 -

FILED

2021 APR -8 A 9:24

S.C.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE FARQUHERSON BRAND 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:

REBECCA N FARQUHERSON

Name of Person

Firm/Company

10257 SW VILLAGE PARKWAY APT 203

Address

PORT ST. LUCIE, FL 34987

City/State and Zip Code

rebeccarichards78@gmail.com

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

For further information concerning this matter, please call:

REBECCA N FARQUHERSON

561
at ()

566-0004

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

2008 APR -8 A 9:24

FILED

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>
AMBR	REBECCA N FARQUHERSON	10257 SW VILLAGE PARKWAY APT 203	<input checked="" type="checkbox"/> Add
		PORT ST.LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANTZ O FARQUHERSON	10257 SW VILLAGE PARKWAY APT 203	<input type="checkbox"/> Add
		PORT ST.LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2021 APR - 8 A 9:24

[illegible]

(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)

2021 APR - 8 A 9:24

Dated APRIL 7 2021

REBECCA N FARQUHERSON

Typed or printed name of signee