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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

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

**SUBJECT:** JAMES M STILIANOU JR 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:

JAMES M STILIANOU JR
Name of Person

JAMES M STILIANOU JR LLC
Firm/Company

5143 CHICORY CIRCLE
Address

MIDDLEBURG, FLORIDA 32068
City/State and Zip Code

RATBONE6R9@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M STILIANOU JR at (904) 993-5384
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 add or removed from our records:**

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | JAMES CARLIN | 4421 MELVIN CIRCLE | ☐ Add |
| | | JACKSONVILLE, FLORIDA 32210 | ■ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
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