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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

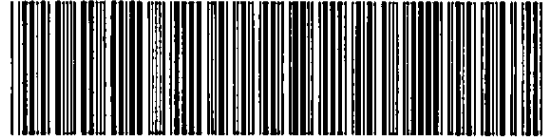
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRIENDS TURN FAMILY 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:

FRITZ P SIMON

Name of Person

FRIENDS TURN FAMILY LLC

Firm/Company

4426 NORTH SHORE DR

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

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

For further information concerning this matter, please call:

FRITZ P SIMON

(302) 761-3431

Name of Person

at () Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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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

FRIENDS TURN FAMILY LLC

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>
MGR	FRITZ P SIMON	4426 NORTH SHORE DRIVE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 SEP 15 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 16 AM 9:32
SECRETARIAT OF PLANE
TALLAHASSEE, FL

SECRETARY OF PLANNING
FALL ANNUAL MEETING

Effective date, if other than the date of filing: _____ (optional)
(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)
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.

Dated 09/11/2024.

Signature of a member or authorized representative of a member

Fritz P Simon
Typed or printed name of signee