## 121000267157

(Re	questor's Name)		
(Ádd	dress)		
(Adı	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu:	siness Entity Nan	ne)	
(Do	cument Number)		İ
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:		
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	Office Use On	ly 5(-	

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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:		Limited Liability Company	
The enclose	d Articles of Amendment and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this ma	tter to the following:	
		Name of Person	
	Imacr	Firm/Company	
	5154 Camp	new Cal Way	
	Sprinj	Hill T 344007  City/State and Zip Code	
	-tmentouv E-mail addres	ss: (to be used for future annual report notification)	
For further i	information concerning this matter, pleas	se call:	
Toold	Name of Person	at (353) 573. 7705 Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	in the second	ر. ر
<b>X</b> \$25.00	Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,	
≺∫ Re Di P.0	niling Address: Egistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	
ıa		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>	Address	Type of Action
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