

L21 000267983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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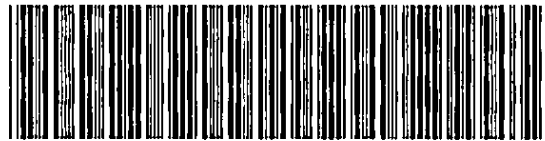
(Business Entity Name)

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T.A.S.

2021 OCT 18 AM 8:50
RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Harlow James Floral, 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:

Jamie Myers

Name of Person

Harlow James Floral, LLC

Firm/Company

4917 King Richard Road

Address

Jacksonville, Florida 32210

City/State and Zip Code

harlowjamesfloral@gmail.com

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

For further information concerning this matter, please call:

Jamie Myers

Name of Person

at (904)
Area Code

699-5470

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

2021 OCT 18 AM 8:50
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ALLIANCE FLORIDA

2021 OCT 18 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/9/21

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 October 12th 2021

at 2

Typed or printed name of signee