

KZ1000283081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

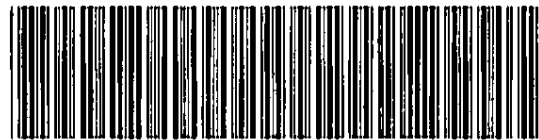
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17-12-21 01:00:00 17-12-21

2021 DEC 12 PM 10:58

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VANDELAY IMPORTS 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:

ELIZABETH JAKUBIAK

Name of Person

ELIZABETH JAKUBIAK CPA PA

Firm/Company

390 TEQUESTA DR STE A

Address

TEQUESTA FL 33469

City/State and Zip Code

GREENFOOTPRINT@COMCAST.NET

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

For further information concerning this matter, please call:

ELIZABETH JAKUBIAK

561 277-9843
at ()

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 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	ELIZABETH JAKUBIAK	390 TEQUESTA DR STE A	<input type="checkbox"/> Add
		TEQUESTA FL 33469	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN TRACY	390 TEQUESTA DR STE A	<input checked="" type="checkbox"/> Add
		TEQUESTA FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LISA TRACY	390 TEQUESTA DR STE A	<input checked="" type="checkbox"/> Add
		TEQUESTA FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021-12-10:58

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00