

121 000293784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

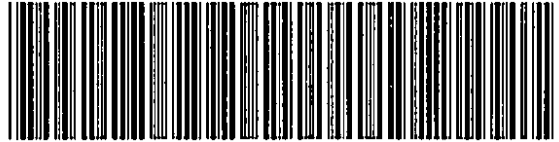
Special Instructions to Filing Officer:

J. HORNE

MAR 14 2022

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TALLAHASSEE FL



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

January 10, 2022

GILBERTE MELLON STALLONE
7035 NW 186 STREET
APT D201
HIALEAH, FL 33015 US

SUBJECT: ALWAYS A SWEET DEAL, LLC
Ref. Number: L21000293784

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 822A00000682

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALWAYS A SWEET DEAL, 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:

GILBERTE M. STALLONE
Name of Person

ALWAYS A SWEET DEAL, LLC
Firm/Company

7035 NW 186 STREET #D201
Address

HEALEAH, FL 33015
City/State and Zip Code

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

For further information concerning this matter, please call:

GILBERTE M. STALLONE at (305) 788-0428
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

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TALLAHASSEE, FL
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(records.)

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	OLIVER STALLONE	7035 NW 186 ST #D201	<input type="checkbox"/> Add
		HALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEAN-PIERRE STALLONE	7035 NW 186 ST #D201	<input type="checkbox"/> Add
		HALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOUI ROSEMOND	3400 NW 197 STREET	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 3/3/2022, _____

GILBERTE M. STALLONE
Typed or printed name of signee

Filing Fee: \$25.00