

L21000295871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

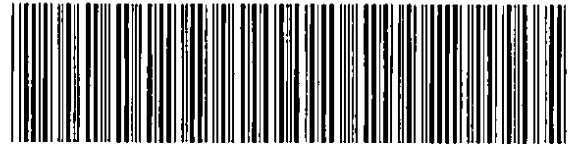
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

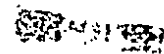
Office Use Only



100411499301

07/05/23--01025--008 **25.00

FILED
JUL 5 2023
CLERK OF STATE
TALLAHASSEE, FL



R. HUNT

07/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MichelinePB1975 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:

Micheline Pascal-Byard

Name of Person

Firm/Company

7901 4th Street N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

themailman7@gmail.com

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

For further information concerning this matter, please call:

Micheline Pascal-Byard

727

804-7940

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

2003-5 PM 9:16
OFFICE STATE
CLERK/ASSISTANT

REC'D
JAN 15 9:16
TAXY OF STATE
TAMMISSEE, FL

767777 - 5 PM 9:16
TALLAHASSEE, FL

(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.

Micheline Pascal Byard
Signature of a member or authorized representative of a member

Typed or printed name of signee