

h21 000 325817

(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



300371728783

08/16/21--01042--004 **30.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: James & Silvia 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:

James Hammond

Name of Person

Firm/Company

PSC 103 Box 3409

Address

APO, AE, 09603

City/State and Zip Code

Jamus39@gmail.com

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

For further information concerning this matter, please call:

James Hammond

443

4352197

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>
Mr	James Hammond	1860 Eagle Trace Blvd	<input type="checkbox"/> Add
		Coral Springs FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mrs.	Silvia Hammond	1860 Eagle Trace Blvd	<input type="checkbox"/> Add
		Coral Springs, FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James Hammond	1860 Eagle Trace Blvd	<input checked="" type="checkbox"/> Add
		Coral Springs, FL. 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Silvia Hammond	1860 Eagle Trace Blvd	<input checked="" type="checkbox"/> Add
		Coral Springs, FL. 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 10 August, 2021

James Hammond Jr.
Signature of a member or authorized representative of a member

James Hammond Jr.
Typed or printed name of signee