

K21000342502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

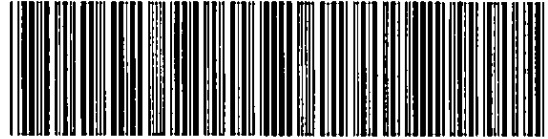
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200372473412

08/30/21--01038--008 ♦♦60.00

11/11/21

9/13/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 24/7 Fulfillified 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:

Nordia S. Rosner

Name of Person

24/7 Fulfillified LLC

Firm/Company

P. O. Box 1808

Address

Dania, FL 33004

City/State and Zip Code

impenetrabledissent2lucifer@yahoo.com

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

For further information concerning this matter, please call:

Nordia Rosner

954

734-3270

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

## 24 7 Fulfilled LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR =** Manager  
**AMBR =** Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

LLC's taxable status to be changed from  
C-Corp to an LLC with taxable S-Corp  
status. Please amend your tax records  
accordingly. Thank you.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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.

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 \_\_\_\_\_

8/17 2021

Nordia Rosner

Signature of a member or authorized representative of a member

Nordia S. Ann Rosner

Typed or printed name of signee

Filing Fee: \$25.00