

L21000365415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

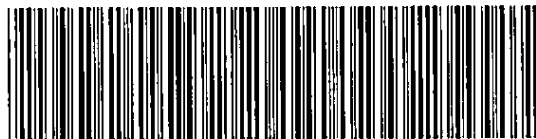
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/4/23
V. W.

FILED
2023 FEB -2 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FL



1650 90th Ave
Vero Beach, FL 32966
T: 772-226-3500
F: 772-226-3503
IndrioBrands.com

January 30, 2023

Darlene Connell
Regulatory Specialist II Supervisor
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

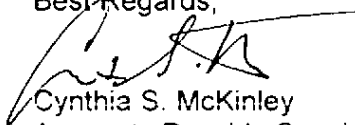
Subject: Indrio Brands, LLC
Ref. Number: L06000068303

Darlene,

I apologize for not including the required documents with the check, no. 63181. I always add a note requesting that the document is to be included with the check. Unfortunately, it was not noticed by the person setting up the checks for mailing in envelopes.

Please let me know if there are any other issues or concerns.

Best Regards,



Cynthia S. McKinley
Accounts Payable Specialist
Indrio Brands LLC
1650 90th Avenue
Vero Beach, FL 32966
772-226-3656

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoorag, 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:

Greg Howell

Name of Person

Indrio Brands, LLC

Firm/Company

1650 90th Ave

Address

Vero Beach, FL 32966

City/State and Zip Code

ghowell@indrio.com

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

For further information concerning this matter, please call:

Greg Howell

772 226-3544

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

MGR = Manager
AMBR = Authorized Member


MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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.

Dated August 22 2022



Signature of a member or authorized representative of a member

Greg Howell

Typed or printed name of signee

Filing Fee: \$25.00