

L21 0000370042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

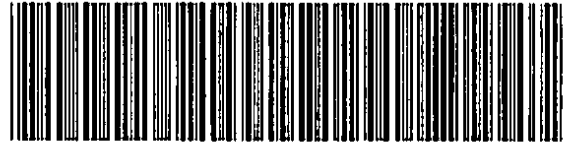
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 29 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 14 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Fire Flame Entertainment
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:

Justin Kelly

Name of Person

Fire Flame Entertainment

Firm/Company

11536 Riva Ridge Ct

Address

Jacksonville FL 32218

City/State and Zip Code

Fireflame0516@gmail.com

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

For further information concerning this matter, please call:

Justin Kelly

Name of Person

at (904)

Area Code

352-4546

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

2021 NOV 29 AM 7:39

(Name of the Limited Liability Company as it now appears on our records) STATE
(A Florida Limited Liability Company) ALLAHADSEE, FL

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>
<u>MGR</u>	<u>Kenneth Copeland</u>	<u>7960 Longspur Rd</u>	<input type="checkbox"/> Add
		<u>Jacksonville Fl 32219</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Markis Johnson</u>	<u>2347 Bradford St</u>	<input type="checkbox"/> Add
		<u>Jacksonville Fl 32209</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Bonnie Matthews</u>	<u>11536 Riva Ridge Ct</u>	<input type="checkbox"/> Add
		<u>Jacksonville Fl 32218</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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(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.

Signature of a member or authorized representative

Justin Kelly

Filing Fee: \$25.00