

L21 000392715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

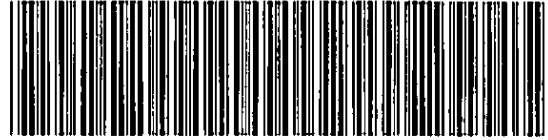
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/22--01009--017 **25.00

2022 JUN 21 11:05

9/10/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FA FA HOLDINGS 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:

SERENITY RAE

Name of Person

FA FA HOLDINGS LLC

Firm/Company

9200 COMMERCIAL WAY

Address

WEEKI WACHEE FL 34613

City/State and Zip Code

XSERENITY@ME.COM

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

For further information concerning this matter, please call:

SERENITY RAE

Name of Person

at (**813**) **528-3896**

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

2022-11-21 PM 9:05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	SERENITY RAE	9200 COMMERCIAL WAY	<input type="checkbox"/> Add
		WEEKI WACHEE FL 34613	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BIXIA GUO	4432 DOTTIE CT.	<input type="checkbox"/> Add
		SPRING HILL FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 of a member

Typed or printed name of signee