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(Requestor's Name)

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(City/State/Zip/Phone #)

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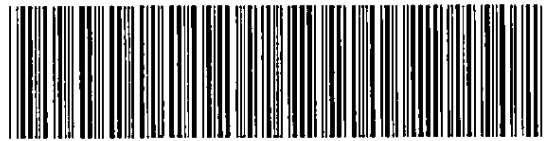
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PATY RENTALS FOR WEDDING, RECEPTIONS, TABLE CLOTHS, NAPKINS AND AC
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:

MARIA PATRICIA ROBLEDO

Name of Person

PATY RENTALS FOR WEDDING, RECEPTIONS, TABLE CLOTHS, NAPKI

Firm/Company

765 NE EASTLAKE ST

Address

PORT ST LUCIE, FL 34983

City/State and Zip Code

paty32.ml@gmail.com

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

For further information concerning this matter, please call:

MARIA PATRICIA ROBLEDO

772 3614197
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

MGR = Manager
AMBR = Authorized Member

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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 MAY 22 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00