

L21000444626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

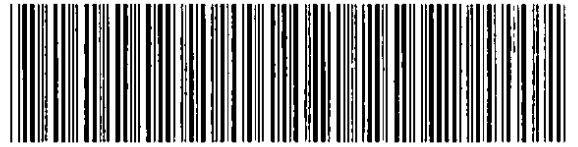
(Business Entity Name)

(Document Number)

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07/28/23--01017--017 **25.00

2023 JUL 28 11:14:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Astrid Shover 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:

Astrid Shover
Name of Person
Astrid Shover LLC
Firm/Company
3726 Ceitus Parkway
Address
Cape Coral, FL 33991
City/State and Zip Code
Yourcoastalchicrealtor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Astrid Shover 347 658-9194
Name of Person at () 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

Astrid Shower LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

7/14/23

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 July 15th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00