(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section

Division of Co	rporations		
	TY & INVESTMENTS LLC	•	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KEYYON SNIPES		
	- the Warner	Name of Person	
		Firm/Company	
21171 SAN SIMEON WAY, APT 107			
		Address	
	MIAMI FL 33179		
		City/State and Zip Code	
	KEYSNIPES@GMAIL.CO	M o be used for future annual report notification)	
For further information of	concerning this matter, please ca	•	
KEYYON SNIPES		443 5617646 at ()	
Name o	of Person	at () Area Code Daytime Telephone Number	
Inclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enc	
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 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>	Name	<u>Address</u>	Type of Action
MGR	KEYYON SNIPES	67 NW 183RD ST, V54	
		MIAMI GARDEN FL 33179	-
			■ Change
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