

W22000254667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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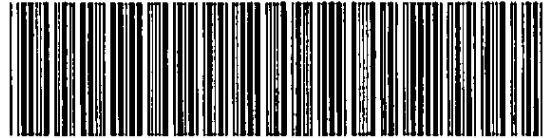
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Sentry Insurance Services

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:

Melissa Vasquez

Name of Person

Southern Sentry Insurance Services

Firm/Company

15448 SW 150th St

Address

Miami, FL 33196

City/State and Zip Code

mvasquez@southernsentryins.com

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

For further information concerning this matter, please call:

Melissa Vasquez

786

512-1799

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

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If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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DEPT. OF JUSTICE
FBI

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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)

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 August 17 2022

August 17



Signature of a member or authorized representative of a member

Melissa Vasquez

Typed or printed name of signee