

L22000350847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

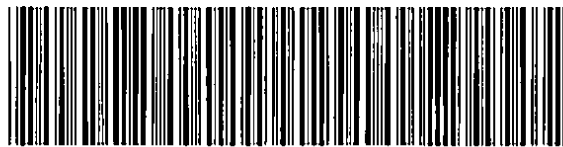
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

SEP 28 2022

Office Use Only



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2022 SEP 28 PM 4:09  
SECRETARY OF STATE  
FALL ARKANSAS  
RECEIVED  
SEP 28 PM 3:38

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Men's Cave 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:

TAVION MOORE  
Name of Person

Firm/Company

2241 North Monroe St ste 1087  
Address

Tallahassee FL 32303  
City/State and Zip Code

tavion moore@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAVION MOORE at (850) 339-3110  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FIL ED

2022 SEP 28 PM 4:07

SECRETARY OF  
TALLAHASSEE, FLA.  
(ds.)

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**

[illegible]

[illegible]

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (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 09-28, 2022

TAVION MOORE  
Typed or printed name of signee

**Filing Fee: \$25.00**