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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clarence and Sarah Haynes Delivery  
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:

Clarence Haynes  
Name of Person

Firm/Company

15120 NE 11th Ct.  
Address

NMB, FL 33162  
City/State and Zip Code

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

For further information concerning this matter, please call:

Clarence Haynes at ( 786 ) 521-8531  
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	Clarence Haynes	15128 NE 11 <sup>th</sup> Ct.	<input checked="" type="checkbox"/> Add
		NMB, FL 33162	<input type="checkbox"/> Rem
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SECRETARY OF STATE  
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Original LLC address was given as :  
15100 NE 11<sup>th</sup> Ct. NMB, FL 33162

The correct address ~~for~~ for the LLC is:  
15120 NE 11<sup>th</sup> Ct. NMB, FL 33162

E. 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 605.0

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

11/18/22

\*

Clarence Haynes

Signature of a member or authorized representative of a member

\*

CLARENCE HAYNES

Typed or printed name of signer