

L220000498171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

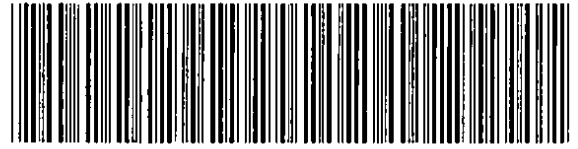
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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R. HUNT

06/13/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE FORE SALE 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:

KEVIN G PRIBRAMSKY

Name of Person

PRIBRAMSKY & COMPANY, CPAS

Firm/Company

1010 KENNEDY DRIVE, SUITE 201

Address

KEY WEST, FL 33040

City/State and Zip Code

KPRIBRAMSKY@GMAIL.COM

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

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For further information concerning this matter, please call:

KEVIN G PRIBRAMSKY

305

600-9932

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

REC'D
COUNTY OF STATE
TREASURER, FL
11/13 PM 2:21

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

ED
MAR 13 PM 2:21
TAMM
FL
STATE
OFFICE

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 605.0207 (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.

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 JUNE 1 2023

Signature

Signature of a member or authorized representative of a member

KEVIN G PRIBRAMSKY

Typed or printed name of signee