

22000516739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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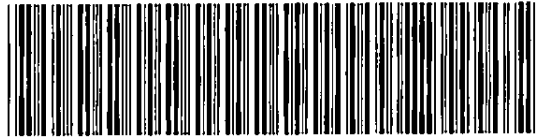
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sylvia Ivette Ortiz

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:

Sylvia Ivette Ortiz

Name of Person

Exclusive Experience

Firm/Company

13 E Darlington Ave Apt 3C

Address

Kissimmee FL 34741

City/State and Zip Code

exclusive.experience01@gmail.com

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

For further information concerning this matter, please call:

Sylvia Ivette Ortiz

Name of Person

407 7970193
at (_____) _____
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

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 03/13

2023

Signature of a member or authorized representative of a member

Sylvia Ivette Ortiz

Typed or printed name of signee

Filing Fee: \$25.00