

L22000519255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

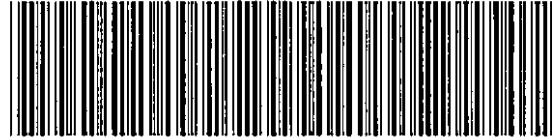
(Business Entity Name)

(Document Number)

Printed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 DEC 27 AM 9:29

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2022 DEC 27 PM 12:49

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A 9

DEC 28 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 25.00

AUTHORIZATION: _____

SUDS N SUDS XIII, LLC *Jane Sullivan* 122000519255

Business Name _____

Document Number, (if known): _____

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

___ **PLLC**

AMMENDMENTS

 X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Revocation

___ Merger

___ **Conversion**

___ **Statement of Correction**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

___ Other

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Suds N Suds XIII, 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:

Keith Diamond

Name of Person

Keith D. Diamond, P.A.

Firm/Company

3440 Hollywood Blvd, Suite 415

Address

Hollywood, Florida 33021

City/State and Zip Code

Keithdiamond2@aol.com

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

For further information concerning this matter, please call:

Keith Diamond

at (954) 618-1008

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 &
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

REED

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Att 9: 30

If Changing Registered Agent, Signature of New Registered Agent