

L23000014606

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

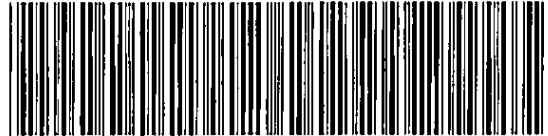
\_\_\_\_\_  
(Business Entity Name)

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

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

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2023  
JAN 30 11 59  
STC  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Filtration Solutions, 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:

Christina Reece

Name of Person

Filtration Solutions, LLC

Firm/Company

7864 Bishopwood Rd

Address

Lake Worth, FL 33467

City/State and Zip Code

cmr095@gmail.com

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

For further information concerning this matter, please call:

Christina Reece

at (954) 478-7578

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 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>
AMBR	Phillip Kelly	7864 Bishopwood Rd	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Christina Reece	7864 Bishopwood Rd	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anna Marie Pierpont	590 Forest Trace Cir	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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**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 January 24 2023

Area \_\_\_\_\_

Christina Reece

Typed or printed name of signee

The 90th day after the