

623000157/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

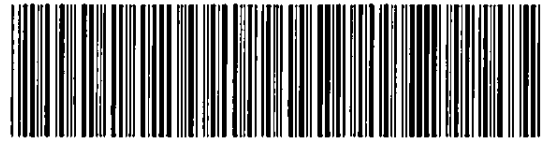
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/24--01022--010 **25.00

2024 JUN 18 PM 2:57
CLERK OF STATE
TALLAHASSEE, FL

K. HUNT
06/18/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thrifts In The 321 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:

Sofia Saladino

Name of Person

Thrifts In The 321 LLC

Firm/Company

7085 South Tropical Trail

Address

Merritt Island/Florida 32952

City/State and Zip Code

sofiaasaladino@gmail.com

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

For further information concerning this matter, please call:

Sofia Saladino

321 7495113
at ()
Area Code Daytime Telephone Number

Name of Person

RECEIVED
TALLAHASSEE
FL
DIVISION OF STATE

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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

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
			<input type="checkbox"/> Add
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2017 JUN 19 PM 2:57
CLERK OF STATE
TALLAHASSEE, FL

2011/11/18 PM 2:57
FLORIDA STATE
TALLAHASSEE, FL

OFFICE OF THE
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA
TALLAHASSEE, FL 32301-3000
TEL: 904.487.2000
FAX: 904.487.2001
WWW.FLJUDICIALSOCIETY.COM

(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)

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 06/14/2024 12:05 p.m.

Sofia Saladino
Signature of a member or authorized representative of a member

Sofia Saladino

Typed or printed name of signee

Filing Fee: \$25.00