

L23000032895

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(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEVALUEPROPERTYINVESTMENTLLC

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:

LUCIEN FORD

Name of Person

Firm/Company

1512 BOWMORE DR

Address

CLEARWATER /FL 33755

City/State and Zip Code

wevaluepropertyinvestmentllc@gmail.com

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

For further information concerning this matter, please call:

LUCIEN FORD

727 2184321
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

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WEVALUEPROPERTYINVESTMENTLLC

The Articles of Organization for this Limited Liability Company were filed on January 18, 2023 and assigned Florida document number 123000032895.

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	DEBB-ANN MULLINGS-FORD	1512 BOWMORE DR, CLEARWATER, FL, 33755	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCIEN FORD	1512 BOWMORE DR, CLEARWATER , FL, 33755	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 2-09-2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

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