123 2000 72554

(Re	equestor's Name)			
(Ad	dress)			
(Ad	(dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 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:						
Natalie Hall Namie of Person						
Nataire Hall, UC Firm/Company						
4942 Wild Senna Blvd Address						
Tampa FL 331da City/State and Zip Code						
For further information concerning this matter, please call:						
Name of Person at (813) UFT - 38Ule Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee	of Status &					

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 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>	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Add
			Remove
			Change
			□Add
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