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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TO: Registration Section
Division of Corporations**

SUBJECT: Blended Family 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:

Tina T Keyes
Name of Person
Blended Family Solutions, LLC
Firm/Company
1809 E Broadway St #207
Address
Oviedo, FL
City/State and Zip Code
tina@blendedfamilysolutions.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tina T Keyes at 216 789-4449
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

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>
President	Tina T Keyes	1809 E Broadway St #207	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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