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2013 APR -7 PM 3:52

STATE  
TALLAHASSEE, FL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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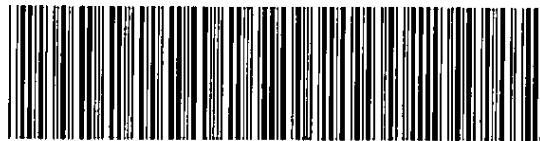
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUE CAT CREATIONS 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:

THOMAS E. SLAYMAKER  
Name of Person  
SLAYMAKER AND NELSON, P.A.  
Firm/Company  
2218 HIGHWAY 44 WEST  
Address  
INVERNESS, FLORIDA 34453  
City/State and Zip Code  
tom@slaymakerlaw.com  
E-mail address: (to be used for future annual report notification)

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FLA

For further information concerning this matter, please call:

THOMAS E. SLAYMAKER 352 726-6129  
Name of Person at ( ) 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 200  
Tallahassee, FL 32310

**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>
MGR	SUSAN C. FALCONE	650 WEST DIAMOND BIRD LOOP	<input checked="" type="checkbox"/> Add
		HERNANDO, FLORIDA 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

AMENDING TO CHANGE SUSAN C. FALCONE FROM A MEMBER TO BOTH A MANAGER AND  
AND MEMBER.

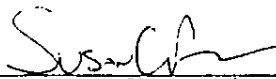
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

**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.

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 APRIL 5, 2023



Signature of a member or authorized representative of a member

SUSAN C. FALCONE

Typed or printed name of signee

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