

L23 000 212 S33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

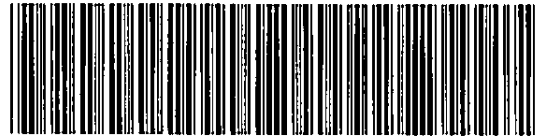
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/10/23--01005--006 05/10/23

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2023 MAY 10 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kustom Kellys 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:

Kelly Repper

Name of Person

Kustom Kellys LLC

Firm/Company

1838 Mourning Dove Lane

Address

Jacksonville Beach, FL 33250

City/State and Zip Code

Kellyrepper1838@gmail.com

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

For further information concerning this matter, please call:

Kelly Repper

904

710-4582

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

—

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**



2076.indd [C] AMI : 19  
Selling Point PL

(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.

Signature

Kelly Repper

Typed or printed name of signee

**Filing Fee: \$25.00**