

L23 000 213 240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

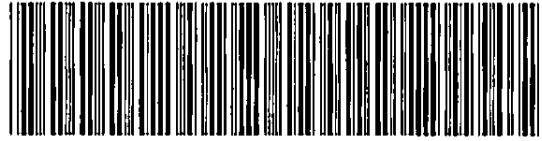
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/24--01021--004 **30.00

2024 JUN 19 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I would like to make an amendment in my business' name.

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:

Blonze Gelin

Name of Person
BG TAX PREP & MULTI-SERVICES LLC

Firm/Company
224 NE 39TH COURT

Address
DEERFIELD BEACH, FLORIDA 33064

City/State and Zip Code
BLONZEG@YAHOO.COM

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

2024 JUN 19 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
F-11-1111

For further information concerning this matter, please call:

BLONZE GELIN 954 204-5821

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 810
Tallahassee, FL 32303

