

L23000362677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

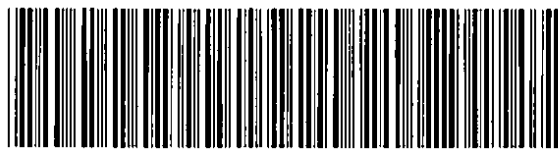
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/23--01007--018 **25.00

2023 : 23 SEP 28 10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUTH EMPOWERMENT MISSION 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:

SHENICQUA BILLINGS

Name of Person

YOUTH EMPOWERMENT MISSION LLC

Firm/Company

2549 N PALMER STREET

Address

MILWAUKEE, WI 53212

City/State and Zip Code

Femaleempowermentmission@gmail.com

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

For further information concerning this matter, please call:

SHENICQUA BILLINGS at (414) 336-1740
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>
AMBR	SHENICQUA BILLINGS	595 FAIRVILLA ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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