L23000379735

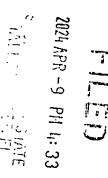
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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04/09/24--01016--008 **35.00





COVER LETTER

	Registration Se Division of Cor				
cub ico					
SUBJEC		Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Shiyearrah Carvin			
			Name of Person		
Firm/Company					
8912 N Lynn Avenue					
Address					
	Tampa, FL 33604				
		ahiran h21@mhar aan	City/State and Zip Code		
		shiyearrah21@yahoo.com E-mail address: (to be used for future annual report not	ification)	
For further	er information c	oncerning this matter, please ca	all:		
Shiyearrah Carvin		813 377-9813			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

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>	Type of Action
MGR	Shiyearrah Carvin	8912 N Lynn Avenue	= Add
- 		Tampa, FL 33604	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			Change