

L23000415581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

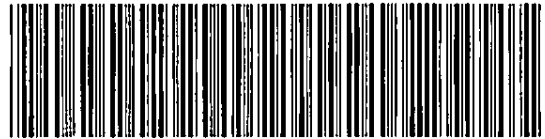
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GET COMFORTABLE DRIVING SCHOOL, 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:

ROBERT D. ~~GROVETT~~ GROVETT  
Name of Person

GET COMFORTABLE DRIVING SCHOOL, LLC  
Firm/Company

455 ALT 19S, 250  
Address

PALM HARBOR, FL 34683  
City/State and Zip Code

ROBERT.GROVETT@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT ~~GROVETT~~ Grovett at (727) 483-0515  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Changing Registered Agent, Signature of New Registered Agent**

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

[illegible]

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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 SEPTEMBER 15, 2023

Robert E. Givens 9-15-23  
Signature of a member or authorized representative of a member

ROBERT D. ~~GROUCH~~ GROUCHT  
Typed or printed name of signer

**Filing Fee: \$25.00**