

# L23000462306

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

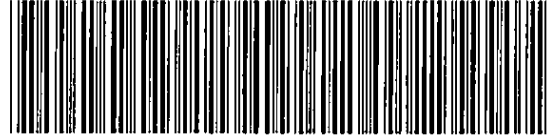
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2023 DEC 14 AM 11:01  
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TALLAHASSEE, FLORIDA

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2023 DEC 14 PM 3:15  
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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$30.00**

**Authorization Signature:**

*[Signature]*

:

**SALMON AND SALMON SERVICES LLC**

L23000462306

**BUSINESS NAME**

**DOCUMENT #**

☐ Certified Copy

☒ **Certificate of Status**

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other
- ☐ Other

**AMMENDMENTS**

**X Amendment**

- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Restated Articles of Incorporation
- ☐ Statement of Authority

**OTHER FILINGS**

- ☐ Apostille
- ☐ Country
- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign Filing
- ☐ Reinstatement
- ☐ Qualification
- ☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALMON AND SALMON SERVICES 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:

CHRISTOPHER C SALMON

\_\_\_\_\_  
Name of Person

SALMON AND SALMON SERVICES LLC

\_\_\_\_\_  
Firm/Company

733 SE 1ST WAY APT 103

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

clay\_smallcrowd@yahoo.com

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

For further information concerning this matter, please call:

CHRISTOPHER C SALMON

\_\_\_\_\_  
Name of Person

954  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

732-1889

\_\_\_\_\_  
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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
2023 DEC 14 AM 11:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/14/2023 (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DECEMBER 14 2023

Christopher C. Salmeron

Signature of a member or authorized representative of a member

CHRISTOPHER C SALMON

Typed or printed name of signee

**Filing Fee: \$25.00**