

L 23 000 474 950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

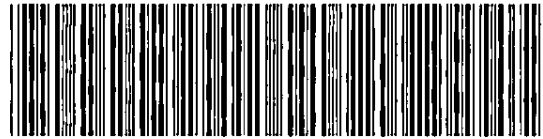
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COVER LETTER

**TO: Registration Section
Division of Corporations**

AMINA PREPAREDNESS LLC

SUBJECT: _____
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:

KONSTANTINOS MANOLOPOULOS

Name of Person

AMINA PREPAREDNESS LLC

Firm/Company

1150 NW 72ND AVE TOWER 1 STE 455

Address

MIAMI, FL 33126

City/State and Zip Code

AMYNAPREPAREDNESS@GMAIL.COM

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

For further information concerning this matter, please call:

KONSTANTINOS MANOLOPOULOS

301

667-0026

at ()

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) KM

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

AMINA PREPAREDNESS LLC

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

2023

Dated

KONSTANTINOS MANOLOPOULOS

Typed or printed name of signee