

L24 000013221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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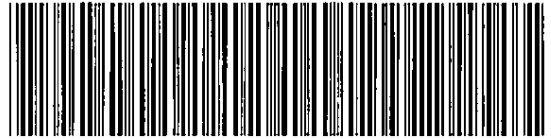
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardone School Psychological 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:

Allison Cardone

Name of Person

Cardone School Psychological Services, LLC

Firm/Company

4006 Sandpiper Ct

Address

Palm Harbor, FL 34684

City/State and Zip Code

alliemcardone@gmail.com

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

For further information concerning this matter, please call:

Allison Cardone

386

846-1995

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)

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>
MGR	Allison Marie Cardone	4006 Sandpiper Ct	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Corey Jordan Cardone	4006 Sandpiper Ct	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Corey Jordan Cardone	4006 Sandpiper Ct	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 JAN 26 AM 11:15
STOCKPORT
PAUL A - 1 - 61.11

2024 JAN 26 AM 11:13
STUDENT: J. J. J.
FALL 2023-2024

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.

Dated January 20th 2024

Signature of a member or authorized representative of a member

Allison Cardone Corey Cardone