

L24 0000 16584

WMA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

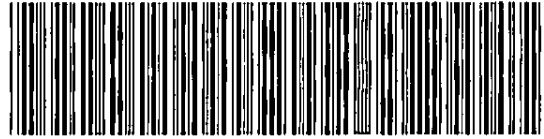
(Business Entity Name)

(Document Number)

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02/05/24--01013--014 \*\*25.00

2024 MAR 18 PM 5:30

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Rae Quin Enterprises, 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:

Megan Manchester

Name of Person

Firm/Company

788 Cason Circle

Address

Panama City, Florida 32405

City/State and Zip Code

meganmanchester19@gmail.com

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

For further information concerning this matter, please call:

Keith Carroll, Esq.

850

640-1491

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

## Rae Quin Enterprises, LLC

**If Changing Registered Agent, Signature of New Registered Agent**

2024.11.18 PM 5:30

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

Title	Name	Address	Type of Action
<del>MGR</del>	<del>Parace 30A LLC</del>	<del>788 Cason Circle</del>	<del><input checked="" type="checkbox"/> Add</del>
	<del>Parace 30A LLC</del>	<del>Parame City, FL 32405</del>	<del><input checked="" type="checkbox"/> Remove</del>
			<input type="checkbox"/> Change
MGR	Megan Marchessaux	788 Cason Circle	<input type="checkbox"/> Add
		Parame City, FL 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBZ	Justin Marchessaux	788 Cason Circle	<input type="checkbox"/> Add
		Parame City, FL 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Balloon Art Events 30A, LLC	788 Cason Circle	<input checked="" type="checkbox"/> Add
		Parame City, FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please change the address of the members (Megan Manchester and Justin Manchester) to 788 Cason Circle,

Panama City, FL 32405.

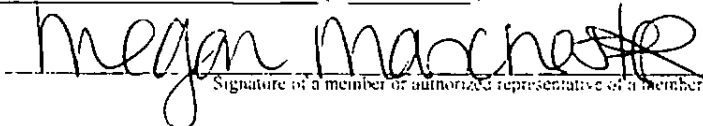
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 January 18 2024

  
Signature of a member or authorized representative of a member

Megan Manchester

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**