

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELEBRATION MEDIA 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:

SYED. MOHIDEEN

Name of Person

Firm Company

4303 Waterford Landing Dr

Address

Lutz, FL - 33558

City/State and Zip Code

emailmohi@gmail.com

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

For further information concerning this matter, please call:

SYED. MOHIDEEN

614 266-5501
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. Monroc Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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	JAYARAJ, EDWARD	10863 CORY LAKE DR,	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NALLAYAN, KAVITHA	10917 GREEN HARVEST DR.	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRITTO, INDRA JOHN	1030 LONGPOINTE PASS	<input type="checkbox"/> Add
		ALPHIRATETTA, GA 30005	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	BABU, SAPNA	4113 W SWANN AVE	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" 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

[illegible]

(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)

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 7 16 2024, Lutz, FL

A. M. P. Landes
Signature of a member

Signature of a member or authorized representative of a member

MOHIDEEN SYED
Typed or printed

Typed or printed name of signee

Filing Fee: \$25.00