

L24000 /45 986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

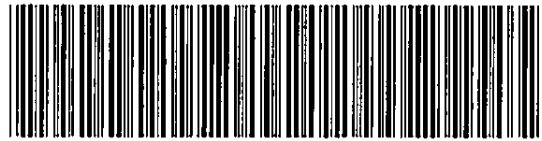
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 10 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

BURNT SKIES

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:

MICHAEL LATINI

Name of Person

BURNT SKIES

Firm/Company

11332 HIDDEN TREASURE COURT

Address

NEW PORT RICHEY, FL. 34654

City/State and Zip Code

LATINI235@VERIZON.NET

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

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2024 APR 10 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

TERA LATINI

727

5147974

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 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	TERA LATINI	11332 HIDDEN TREASURE COURT NEW PORT RICHEY, FLORIDA 34654	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL
2021 MAR 10 11:08:00

2021 APR 10 AM 8 14
SECRET/NO DIS SEM
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

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.

APRIL 03 2024
Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00