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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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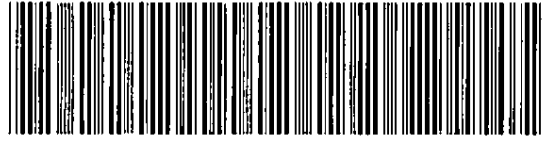
(Business Entity Name)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rescale Design Collaborative  
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:

Danielle Elzahr  
Name of Person

Rescale Design Collaborative  
Firm/Company

927 NE 6th Street  
Address

Pompano Beach, FL 33060  
City/State and Zip Code

danielle@rescalecollab.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Elzahr at ( 305 ) 394-4861  
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

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