

L24000201435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

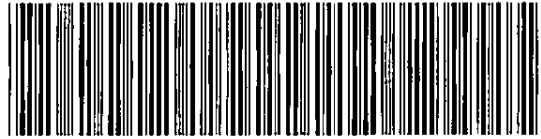
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Twenty Five Sixty, 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:

\_\_\_\_\_  
Name of Person  
Victor S. Kostro, PA  
\_\_\_\_\_  
Firm/Company  
701 Thomas Barbour Drive  
\_\_\_\_\_  
Address  
Melbourne  
\_\_\_\_\_  
City/State and Zip Code  
Florida 32935  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor S. Kostro                      321                      6084910  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      Area Code                      Daytime Telephone Number

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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 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          | William H. Hard, Jr. |                | <input type="checkbox"/> Add               |
|              |                      |                | <input type="checkbox"/> Remove            |
|              |                      |                | <input checked="" type="checkbox"/> Change |
|              |                      |                | <input type="checkbox"/> Add               |
|              |                      |                | <input type="checkbox"/> Remove            |
|              |                      |                | <input type="checkbox"/> Change            |
|              |                      |                | <input type="checkbox"/> Add               |
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|              |                      |                | <input type="checkbox"/> Change            |

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

SECRETARY  
TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: April 23, 2024 (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 June 26, 2024

Vester S. Kato

Signature of a member or authorized representative of a member

Victor S. Kostro

Typed or printed name of signee

**Filing Fee: \$25.00**