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24 JUN -6 PM 9:59

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SAINT JUDE HOLDINGS 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:

JOSEPH ABRAHAM

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4106 IMPERIAL EAGLE DR

\_\_\_\_\_  
Address

VALRICO FL 33594

\_\_\_\_\_  
City/State and Zip Code

VAJJOSEPH@AOL.COM

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

For further information concerning this matter, please call:

TOM ABRAHAM

954 588-5570  
\_\_\_\_\_  
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

**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>
MBR	ALBIN JOSEPH	4106 IMPERIAL EAGLE DR	<input type="checkbox"/> Add
		VALRICO FL 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JUSTINA JOSEPH	4106 IMPERIAL EAGLE DR	<input type="checkbox"/> Add
		VALRICO FL 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BABY A. MAKIL	1612 HERITAGE DR	<input checked="" type="checkbox"/> Add
		VALRICO FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JOSEMON THATHAMKULAM	17604 OLD OAK WAY	<input checked="" type="checkbox"/> Add
		LITHIA FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MATHEW ABRAHAM	2754 VALENCIA GROVE DR	<input checked="" type="checkbox"/> Add
		VALRICO FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	KP PROPERTIES LLC	5720 GALL BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		ZEPHYRHILLS FL 33542	<input type="checkbox"/> Change

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

[illegible]

**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 JULY 30 2024

- DocuSigned by:

JOSEPH LABRANHAM

Signature of a member or authorized representative of a member

JOSEPH V. ABRAHAM

Typed or printed name of signee

**Filing Fee: \$25.00**