

L24000282900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emeraldreamers of Ky 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:

Laurah Boswell

Name of Person

Broad Financial LLC

Firm/Company

1 Paragon Dr Ste 270

Address

Montvale, NJ 07645

City/State and Zip Code

orders@broadfinancial.com

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

For further information concerning this matter, please call:

Broad Financial

Name of Person

at (

Area Code

8453523000

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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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2024

LAURAH BOSWELL  
1 PARAGON DR STE 270  
MANTVALE, NJ 07645

SUBJECT: EMERALDREAMERS OF KY LLC  
Ref. Number: L24000282900

We have received your document for EMERALDREAMERS OF KY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

LAST PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 524A00017010



**It 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	Josetta Kay Curtis	198 Mango Drive, Palatka, FL 32177	<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  
 REMOVE

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 September 3rd, 2024

Signature of a member or authorized representative of a member

William Thomas Curtis

Typed or printed name of signee

**Filing Fee: \$25.00**