

L24000365335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

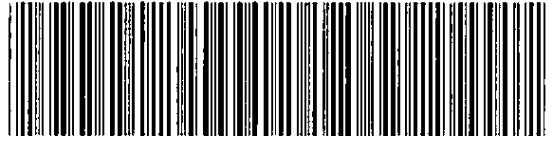
(Business Entity Name)

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09/04/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fill's Phish Dip, 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:

Phillip A. Sarris
Name of Person

Firm/Company

1306 E. Court St
Address

Tarpon Springs, FL 34689
City/State and Zip Code

phillip.sarris@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip A. Sarris at (813) 347-7932
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 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	Joseph L. Miller	1473 N. River Circle	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa L. Miller	1473 N. River Circle	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove

CLERK OF STATE
 TAMPA, FLORIDA
 JAN 14 9:59 AM

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: September 1, 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 August 26 2024

Handwritten signature of Phillip A. Sarris

Signature of a member or authorized representative of a member

Phillip A. Sarris

Typed or printed name of signer

Filing Fee: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 SEP 04 AM 9:59

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