

L24000028104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

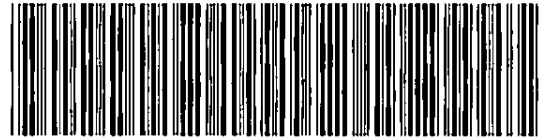
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COVER LETTER

TO: Registration Section
Division of Corporations

FROM: Tim N. Tonic LLC

SUBJECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Kristen Y. Kohl

Name of Person

Tim N. Tonic LLC

Firm/Company

5 Shore View Circle

Address

Indianapolis, IN 46203

City/State and Zip Code

kyk714@gmail.com

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

For further information concerning this matter, please call:

Kristen Kohl

321 863-4995

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$39.00 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

REC'D FEB 13 PM 10:39

Thin N-Tonic LLC

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>
CFO	Jason Sipes	205 HIGHWAY A1A APT 311	☐ Add
		SATELLITE BLANCHET 32937	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

2011 FEB 13 PM 10:39

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

Add 14.1% nitrogen: 50.08 x 1.141 = 57.14

2007 FEB 13 PM 10:39

L. Effective date, if other than the date of filing: _____ (optional)

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 805.0207 (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 February 12, 2024

Signature of a member or authorized representative of a member

Kristen Y. Kohn

Typed or printed name of signer