

L02000031968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

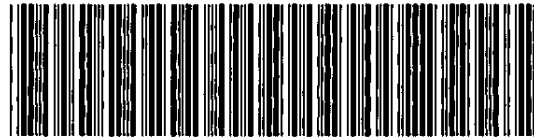
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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NOV 25 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fire Professionals of Tallahassee, 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:

Jennifer Kessinger

Name of Person

Fire Professionals of Tallahassee

Firm/Company

4664 Fledgling Drive

Address

Tallahassee, FL 32311

City/State and Zip Code

jennifer@fireprofessionalsfl.com

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

For further information concerning this matter, please call:

Jennifer Kessinger

Name of Person

at (850) 264-0107

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fire Professionals of Tallahassee, LLC

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

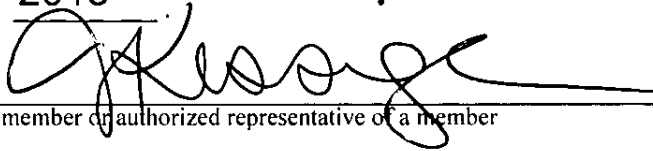
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Chad Teems	PO Box 848	<input type="checkbox"/> Add
		Tallahassee, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

Dated November 19, 2013



Signature of a member or authorized representative of a member

Jennifer Kessinger

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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