

L10000107925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

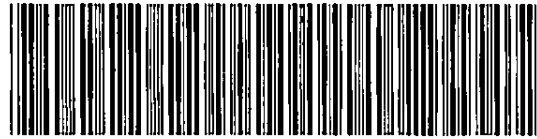
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600303149956

09/07/17--01006--009 \*\*25.00

*J. 9/24/17*

FILED  
17 SEP 25 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2017

HENRY C TICE  
2760 AVALON BLVD  
MILTON, FL 32583 US

SUBJECT: DHT SALES CONSULTING, LLC  
Ref. Number: L10000107925

We have received your document for DHT SALES CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 217A00018656

2017 SEP 25 AM 11:53

TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DHT SALES CONSULTING, 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:

HENRY C TICE

Name of Person

DHT SALES CONSULTING, LLC

Firm/Company

2760 AVALON BLVD

Address

MILTON, FLORIDA 32583

City/State and Zip Code

henry\_tice@yahoo.com

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

For further information concerning this matter, please call:

Henry C Tice

850 208-4964  
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/COURIER ADDRESS:

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

## Page 1 of 3

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>                      |
|--------------|-----------------------|---------------------|--|
| AMBR         | DOMINGA PEREZ DE TICE | 4337 HWY 90         | <input type="checkbox"/> Add               |
|              |                       | PACE, FLORIDA 32571 | <input checked="" type="checkbox"/> Remove |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |

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

CHANGE OF ADDRESS

NEW ADDRESS: 2760 AVALON BLVD MILTON, FLORIDA 32583

FILED  
17 SEP 25 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

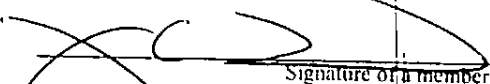
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 22 2017



Signature of a member or authorized representative of a member

HENRY C TICE

Typed or printed name of signee