

L13000008047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

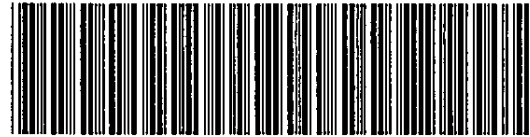
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000253145500

10/28/13--01028--019 **30.00

FILED
13 OCT 28 AM 10:55
TALLAHASSEE, FLORIDA

22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tio Gazpacho, 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:

Austin V. Allan

Name of Person

Tio Gazpacho, LLC

Firm/Company

100 S Pointe Dr, Apt 3506

Address

Miami Beach, FL 33139

City/State and Zip Code

austin@tiogazpacho.com

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

For further information concerning this matter, please call:

Austin Allan

Name of Person

at (202) 716-0810

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 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:

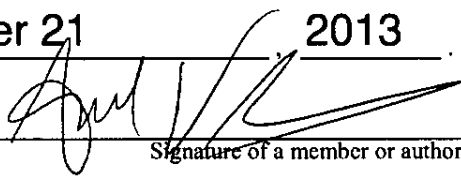
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

11 OCT 28 11 20 AM '95
 TALLAHASSEE, FLORIDA
 11 OCT 28 11 20 AM '95

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

Dated October 21, 2013



Signature of a member or authorized representative of a member

Austin V Allan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 OCT 23 AM 10:55
STATE
TALLAHASSEE, FLORIDA