

L13000172178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

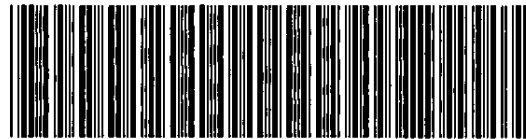
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 24 P 12:14
FEB 24 2014
FEB 24 2014

B. BOSTICK

FEB 25 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tensaw Family Holdings, 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:

Ross Adam Bolin

Name of Person

Tensaw Family Holdings, LLC

Firm/Company

503 Silverleaf Ln

Address

Dallas, GA 30157

City/State and Zip Code

tensawfamily@reagan.com

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

For further information concerning this matter, please call:

Ross Adam Bolin

Name of Person

at (**678**) **428-2920**

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

Tensaw Family Holdings, LLC

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

MGR = Manager
AMBR = Authorized Member

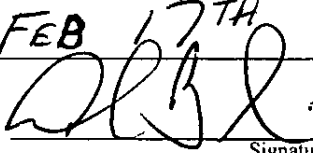
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEB 17TH, 2014



Signature of a member or authorized representative of a member

Ross Adam Bolin

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2014 FEB 24 2 12 PM
CLERK OF COURT
JANICE L. HARRIS