

L14 0000 29369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

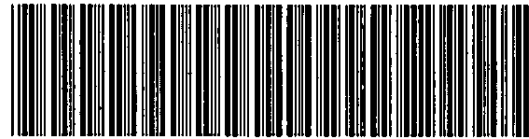
(Business Entity Name)

(Document Number)

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

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tom Henrys Pizzeria 314 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:

Christopher T Henry

Name of Person

Firm/Company

7449 Citrus Ave

Address

Winter Park, FL 32792

City/State and Zip Code

thsr@earthlink.net

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

For further information concerning this matter, please call:

Christopher T Henry

Name of Person

at 407 671-0020

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 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>                   |
|--------------|---------------------|----------------------|-----------------------------------------|
| Mgr          | Christopher T Henry | 7449 Citrus Ave      | <input checked="" type="checkbox"/> Add |
|              |                     | Winterpark, Fl 32792 | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Add            |
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CLERK OF SUPERIOR COURT

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

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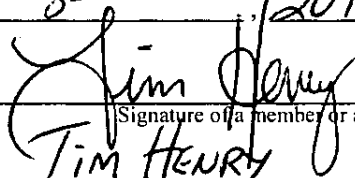
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 MAY 8<sup>TH</sup> 2014

  
Signature of a member or authorized representative of a member

TIM HENRY  
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA