

L14 0000 53153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

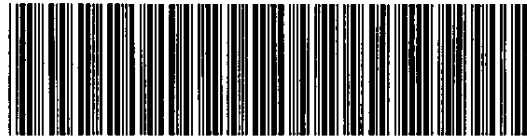
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261803114

07/03/14--01018--018 **25.00

14 JUL -3 PM 2:40
07/03/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TKAND 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:

PEDRO SILVIO LOPATKA

Name of Person

TKAND LLC

Firm/Company

5151 COLLINS AVE # 1021

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

silviolopatka@yahoo.com.ar

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

For further information concerning this matter, please call:

Pedro Silvio Lopatka

Name of Person

at 305 673-1160

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

TKAND LLC

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	PEDRO SILVIO LOPATKA	5151 COLLINS AVE # 1021	☒ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

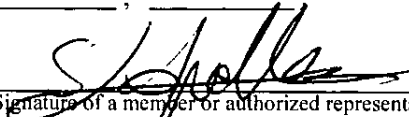
JUL - 3 PM 2014

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 JUNE 26, 2014



Signature of a member or authorized representative of a member

PEDRO SILVIO LOPATKA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 JUN -3 PM 2:40