

L15000009635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

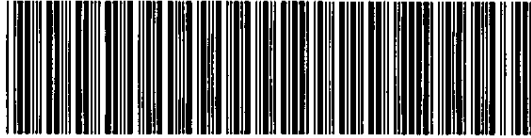
Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN -6 PM 4:06

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E. Burch FEB 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: StudioPlusTSP 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:

Mike Lendino

Name of Person

StudioPlusTSP LLC

Firm/Company

12730 New Brittany Blvd STE 606

Address

Fort Myers FL 33907

City/State and Zip Code

MikeL@studioplusarch.com

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

For further information concerning this matter, please call:

Mike Lendino

239 271-0355

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
AMBR	Antonio Amadeo	1406 Swann Ave	<input type="checkbox"/> Add
		Tampa FL 33606	<input checked="" type="checkbox"/> Remove
AMBR	Thomas Glaysher	1406 Swann Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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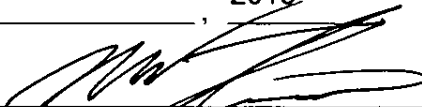
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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. 3rd, 2015



Signature of a member or authorized representative of a member

Mike Lendino

Typed or printed name of signee

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TALLAHASSEE, FLORIDA