

LI 0000 36362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

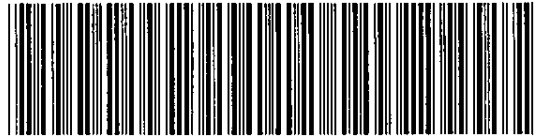
(Business Entity Name)

(Document Number)

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

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04/21/15--01020--011 \*\*25.00

FILED  
15 APR 21 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2015

FROM:

ATTORNEYS CORPORATION SERVICE, INC.  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040

Client Matter#: 9039624

TO: SECRETARY OF STATE OF FLORIDA  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: **Tammy's Gourmet Delights LLC**

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**\*\*ATTACH USPS LABEL AND RETURN TO Teng\*\***

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAMMY'S GOURMET DELIGHTS 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:

**Teng Tran**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**5668 E 61st St**

\_\_\_\_\_  
Address

**Commerce CA 90040**

\_\_\_\_\_  
City/State and Zip Code

**ttran@attorneyscorpsservice.com**

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

For further information concerning this matter, please call:

**Teng Tran**

**800**  
at ( )

**462-5487**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**Tammy Gourmets Delights 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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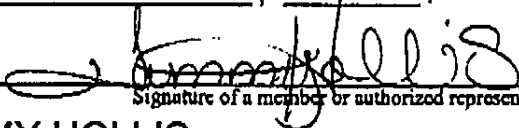
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 April, 14th, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**TAMMY HOLLIS**

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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15 APR 21 AM 11:55  
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TALLAHASSEE, FLORIDA