

L15000052000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

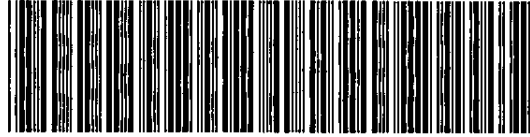
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600271436476

04/08/15--01010--019 **60.00

FILED
2015 APR -8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T & T SERVICES ENTERPRISES, 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:

TODD MICHAELS

Name of Person

T & T SERVICES ENTERPRISES, LLC

Firm/Company

500 NE 185TH STREET, STE # 15

Address

MIAMI, FL 33179

City/State and Zip Code

TODD@FLORIDAICECREAM.COM

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

For further information concerning this matter, please call:

SONIA RODRIGUEZ

305 770-0042

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

T & T SERVICES ENTERPRISES,LLC

Page 1 of 3

2015 APR - 8 PM 2:37
SECTION OF STATE
TALLAHASSEE, FLORIDA
the abbreviation

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	TONY JACOBS	500 NE 185TH STREET	<input checked="" type="checkbox"/> Add
		SUITE # 15	<input type="checkbox"/> Remove
		MIAMI, FL 33179	
AMBR	HARRY OLSTEIN	500 NE 185TH STREET	<input checked="" type="checkbox"/> Add
		SUITE # 15	<input type="checkbox"/> Remove
		MIAMI, FL 33179	
AMBR	ALAN OLSTEIN	500 NE 185TH STREET	<input checked="" type="checkbox"/> Add
		SUITE # 15	<input type="checkbox"/> Remove
		MIAMI, FL 33179	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 APR -8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

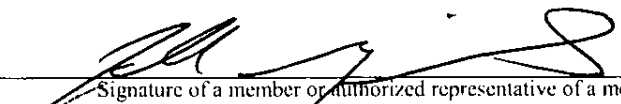
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We would like to request that Mr. Tony Jacobs
be Added as an ADDITIONAL Registered
agent if Possible, Therefore having two
Mr. Todd Michaels & Mr. Tony Jacobs.

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 3, 2015



Signature of a member or authorized representative of a member

TODD MICHAELS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR -8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA