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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2015
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tier5 Technical Services

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 Boyle

Name of Person

Tier5 Technical Services

Firm/Company

16167 Kayla Cove Court

Address

Jacksonville, FL 32218

City/State and Zip Code

chris@tier5-tech.com

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

For further information concerning this matter, please call:

Christopher T Boyle

904 435-3484

at (_____) _____

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

Tier5 Technical Services

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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 Boyle	16167 Kayla Cove Court	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Diana G Lake	16167 Kayla Cove Court	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michael J Lake	1248 Mayport Landing Drive	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 8th 2015

Signature of a member

Signature of a member or authorized representative of a member

Diana G Lake

Typed or printed name of signee