

L15000149780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

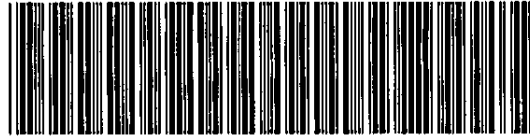
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tactical Media International

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:

Arik Levy

Name of Person

Tactical Media International, LLC

Firm/Company

304 Indian Trace, #917

Address

Weston/FL 33326

City/State and Zip Code

ariklevy@me.com

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

For further information concerning this matter, please call:

Arik Levy

954

662-5687

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

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TALLAHASSEE, FLORIDA

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Office of New Registered Agents

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	Mignon F. Levy	150 Bonaventure Blvd., #209	<input type="checkbox"/> Add
		Weston FL, 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arik Levy	18459 Pines Blvd., #321	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 ALAN ABSE, FLORIDA

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 September 15th

2015

Signature of a member or authorized representative of a member

ARIK LEVY

Typed or printed name of signee

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Filing Fee: \$25.00

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