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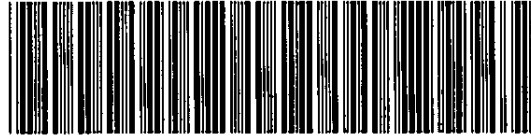
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TALLAHASSEE, FLORIDA

APR 15 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tami Cash & Tracy Troyer, a Limited Liability Company
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:

Tamara Sue Cash-

Name of Person

Firm/Company

182 Allworthy Street

Address

Port Charlotte, Fl 33954

City/State and Zip Code

tamicash@hotmail.com

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

For further information concerning this matter, please call:

Tami Cash

941 286-4377
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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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	Tracy A. Troyer	182 Allworthy Street	☐ Add
		Port Charlotte, FL 33954	☒ Remove
			☐ Change
AMBR	Tamara Cash	182 Allworthy Street	☐ Add
		Port Charlotte FL 33954	☒ Remove
			☐ Change
MGR	Tamara Cash	182 Allworthy Street	☒ Add
		Port Charlotte, FL 33954	☐ Remove
			☐ Change
			☐ Add
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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.

Dated April 04, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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