

L16000066192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

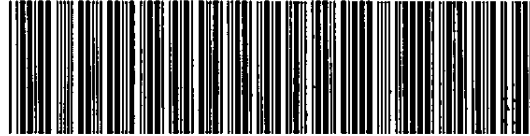
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/11/16

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tenaz Principle Strategies 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:

Brian Corley

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

Tenaz Principle Strategies

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

1735 Captiva drive

\_\_\_\_\_  
Address

Oldsmar Fl 34677

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

brian.p.corley@gmail.com

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

For further information concerning this matter, please call:

Brian Corley

727 543-5174  
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

## 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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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STATE OF FLORIDA  
TALLAHASSEE

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

10 MAY 12 PM  
STONY CREEK  
TALLAHASSEE, FL

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TO MAY 12 PM 12:37  
STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 5/9/2016 (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 May 9th 2016

B. Corley  
Signature of a member or author

Signature of a member or authorized representative of a member

**Brian Corley**

Typed or printed name of signee