

L17 0000 45606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

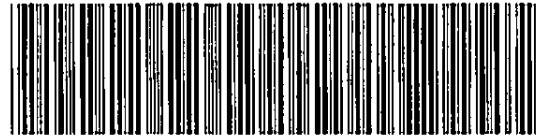
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 13 PM 3:09  
J. HARRIS

SEP 15 7:00  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TNC COMPANIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSS G LAVIN

Name of Person

LAW OFFICE OF ROSS G LAVIN PA

Firm/Company

1481 S. MILITARY TRAIL NO. 9

Address

WEST PALM BEACH, FL 33415

City, State and Zip Code

rl@rosslavinlaw.com

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

For further information concerning this matter, please call:

Ross Lavin

561 641-5440  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TNS  
~~TNE~~ COMPANIES LLC

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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	LATOSHIA HAMMOND	13902 N DALE MABRY HWY	<input type="checkbox"/> Add
		TAMPA FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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13902 N DALE MABRY HWY  
TAMPA FL 33618  
SEP 13 2011  
11:53 AM  
RECEIVED

[illegible]

**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 SEPTEMBER 5 2017

Typed or printed name of signee

**Filing Fee: \$25.00**

2017 SEP 13 PM 3:09