

L17000055192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

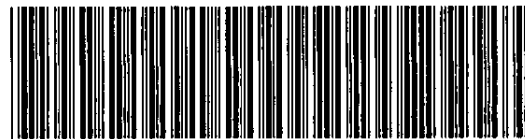
(Business Entity Name)

(Document Number)

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2017 MAR 16 P 3:39 PM
SECRETARY OF STATE
ALABAMA, FLORIDA

S Warren

MAR 17 2017

193 Tango Mike LLC

Harry Shannon
7209 Crystal Beach Rd.
Winter Haven, FL 33880-5152

Telephone 863-534-8025
Fax 863-534-3706

March 13, 2017

Florida Department of Corporations
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: L17000055192, Filed March 9, 2017

Attached is your requirements for Amending this LLC. Apparently when filing online, the name of the LLC was mis-spelled. Please see attached Amendment to correct spelling of "193 Tanago Mike LLC" to "193 Tango Mike LLC".

My day time contact information and return address are:

Harry Shannon
5508 Airport Blvd
Bartow, FL 33830

863-534-8025

Please feel free to contact me with any questions.

Sincerely,



Harry Shannon

Enclosures:
Complete Articles of Amendment to correct name
Check 21792 in amount of \$60.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 193 Tanago Mike 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:

Cathy Shannon
Name of Person

Firm/Company

5508 AIRPORT BLVD.
Address

BARTOW FL 33830
City/State and Zip Code

hdshannon@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy or Harry Shannon at (863) 534-8025
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

193 Tango Mike LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Mar 9, 2017 and assigned Florida document number L17000055192.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

193 Tango Mike LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[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 March 13, 2017

Harry Shannon
Signature of a member or authorized

Signature of a member or authorized representative of a member

Harry Shannon

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA