

L17 0000 58616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

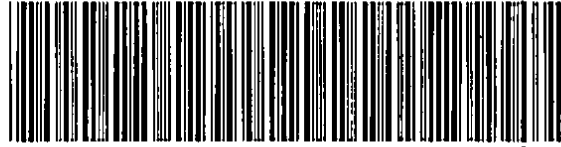
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 27 2020

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2020 OCT -6 AM 4:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

LLC
NIC
Amend.

OCT 12 2020

D COWELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

TAMMIE COOPER
3625 SE 419 SUITE 250
WINTER SPRINGS, FL 32708

SUBJECT: TAMMIE FERGUSON LLC
Ref. Number: L17000058616

We have received your document for TAMMIE FERGUSON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 920A00017943

2020 OCT -6 PM 1:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tammie Ferguson 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:

Tammie Cooper
Name of Person

Tammie Cooper DBA RHOyal Heart Marketing & Consulting
Firm/Company

3625 SR 419 Ste 250
Address

Winter Springs, FL 32708
City/State and Zip Code

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

For further information concerning this matter, please call:

Tammie Cooper at (321) 800-8329
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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Tammie Ferguson 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 03/14/2017 and assigned
Florida document number L17000058616.

This amendment is submitted to amend the following:

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

Tammie Cooper 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

3625 SR 419

Ste 250

Winter Springs, FL 32708

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

Florida

City

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

2020 OCT -6 A 0411
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2020 OCT -6 A 0411

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Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

IGR = Manager

MBR = Authorized Member

[illegible]

[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 23 September. 2020

Signature of a member or authorized representative of a member

Tammie Cooper

Typed or printed name of signee