

Florida Department of State

**L17000241423**  
Division of Corporations  
Electronic Filing Cover Sheet

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H170002414233ABCV

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To:  
Division of Corporations  
Fax Number : (350)617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : T20610000062  
Phone : (323)962-8600  
Fax Number : (323)962-8889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TALON PSS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

2017 SEP 13 AM 8:56

STATE OF FLORIDA

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Corporate Filing Menu

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## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	9/11/2017 9:45:31 AM PDT
RE	FW: (((H17000241423 3)))TALON PSS LLC - LZ#523208626

## COVER MESSAGE

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TALON PSS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

mpstamm@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724  
at ( ) Daytime Telephone Number

Name of Person

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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Patrick Stamm	6721 Mossy Glen Dr.	<input type="checkbox"/> Add
		Fort Myers, FL 33908	<input checked="" type="checkbox"/> Remove
AMBR	Michael Patrick Stamm	6721 Mossy Glen Dr.	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/08/2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Michael Patrick Stamm

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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