

L18000078327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

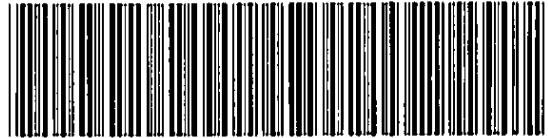
(Business Entity Name)

(Document Number)

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CLERK OF COURTS

2018 APR 17 PM 1:53

CLERK OF COURTS

M. MILLIGAN

APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thom & Company, 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:

Tawana Thompson
Name of Person

Thom & Company, LLC
Firm/Company

3111 Galimore Dr
Address

Tallahassee, FL 32305
City/State and Zip Code

tawana2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tawana Thompson at (305) 494-3155
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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2019 APR 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA
ds.)

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

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>
AMBR	Tawana Thompson	3111 Galimore Dr	<input type="checkbox"/> Add
		Tallahassee, FL 32305	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	Kelvin J. Davis	3111 Galimore Dr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 3/22/2018 (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 _____, _____

Signature of a member or authorized representative

Tawana Thompson

Typed or printed name of signee

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2013 APR 17 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA