

LIB000181608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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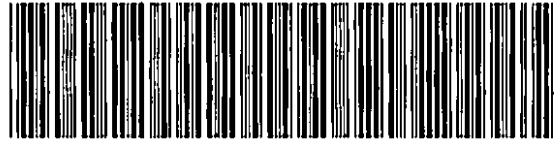
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D BRUCE
AUG 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGING MGR) T A TRANSPORTATION & TOURS 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:

TAHIR AHMAD

Name of Person

T A TRANSPORTATION & TOURS LLC

Firm/Company

1013 GREEN PINE BLVD A-2

Address

WEST PALM BEACH FL 33409

City/State and Zip Code

TAHIRAHMAD@BELLSOUTH.NET

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

For further information concerning this matter, please call:

TAHIR AHMAD

561

891-5556

at (_____) _____

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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T A TRANSPORTATION & TOURS 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	TAHIR AHMAD (OWNER)	1013 GREEN PINE BLVD A-2 V	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HUMNA AHMAD (R AGENT)	1013 GREEN PINE BLVD A2 W	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

TAHIR AHMAD IS OWNER OF T A TRANSPORTATION & TOURS LLC

HUMNA AHMAD IS REG AGENT FOR THIS COMPANY

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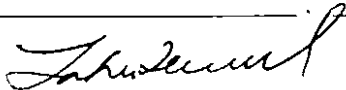
E. Effective date, if other than the date of filing: 07/30/2018 (optional)

(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 07/30/2018



Signature of a member or authorized representative of a member

TAHIR AHMAD

Typed or printed name of signee