

LIB000 231371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

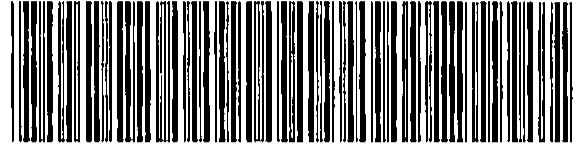
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tommysue 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:

Suzan Kennedy

\_\_\_\_\_  
Name of Person

Tommysue LLC

\_\_\_\_\_  
Firm/Company

4828 Saratoga Road

\_\_\_\_\_  
Address

West Palm Beach FL 33415

\_\_\_\_\_  
City/State and Zip Code

weshome@juno.com

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

For further information concerning this matter, please call:

Suzan Kennedy

561

310-0590

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

\_\_\_\_ and assigned to

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

This amendment is submitted to amend the following:

## Kennedy J Ilc

**Enter new principal offices address, if applicable:**

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**(Mailing address MAY BE A POST OFFICE BOX)**

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## Name of New Registered Agent:

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\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

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>
PRES	Jeff Kennedy	16243 E Aquaduct Drive Loxahatchee FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 May 16 . 2019

Harlem Kennedy  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Suzan Kennedy

Typed or printed name of signee