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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

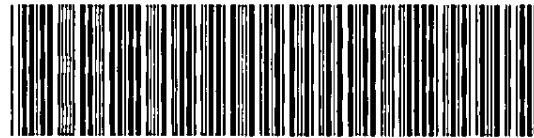
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dr. Thelma Tennie & Associates, 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:

Thelma Tennie

Name of Person

Dr. Thelma Tennie & Associates, LLC

Firm/Company

4699 N State Road 7, Suite B1

Address

Tamarac, Florida 33319

City/State and Zip Code

dr.thelmatennie@gmail.com

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

For further information concerning this matter, please call:

Dr. Thelma Tennie at (954) 644-9567

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

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	Thelma Tennie	4699 N State Road 7, Suite B1	<input checked="" type="checkbox"/> Add
		Tamarac, Florida 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eddie Tennie	4699 N State Road 7, Suite B1	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Johnniya Hamilton	4699 N State Road 7, Suite B1	<input checked="" type="checkbox"/> Change
		Tamarac, Florida 33319	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (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.

Dated November 27, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee