

L18000272043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

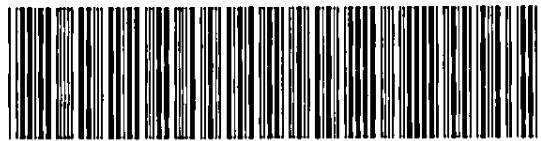
(Business Entity Name)

(Document Number)

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JUL 26 2019

M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THARSIS SOLUTIONS 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:

SCHMIDT, ROLF

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

THARSIS SOLUTIONS LLC

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

2280W OAKLAND PARK BLVD, SUITE 225C

\_\_\_\_\_  
Address

OAKLAND PARK, FL 33311

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

INFO@US.OFFICE201.NET

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

For further information concerning this matter, please call:

RICHARD BERTOSSA

507 4910380  
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

## THARSIS SOLUTIONS LLC

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7-11-68

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	SCHMIDT, ROLF	2280W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 225C	<input type="checkbox"/> Remove
		OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

SECRET

2019 JUL 25 Fri 2:04

7

**E. 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

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 JULY 17, 2019

Signature of a member or authorized representative of a member

RICHARD BERTOSSA<sup>1</sup>

Typed or printed name of signee