

L19 C000119317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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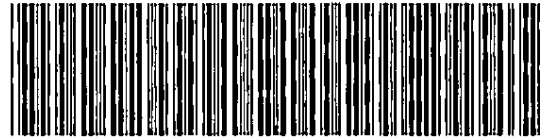
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THOMPSON THERAPEUTIC AND TRANSITION SERVICES, L.L.C.
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:

Katina Thompson
Name of Person

THOMPSON THERAPEUTIC AND TRANSITION SERVICES, L.L.C.
Firm/Company

6171 Hook Ln
Address

Boynton Beach, FL 33437
City/State and Zip Code

katinathompson72@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katina Thompson at (561) 8436458
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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RE TARY OF STATE
TALLAHASSEE, FL

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>
<u>AMBR</u>	<u>Brianna Thompson</u>	<u>2100 Muriel St NE</u>	<input checked="" type="checkbox"/> Add
		<u>Albuquerque, NM 87110</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Alexis Thompson</u>	<u>13824 Econ Woods Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32826</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Richard Michael-Isaiah Thompson</u>	<u>6171 Hook Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Boynton Beach, FL 33437</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Richard B. Thompson</u>	<u>6171 Hook Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Boynton Beach, FL 33437</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Change

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SECOND DIVISION STATE
TALLAHASSEE, FL

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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 24, 2022

Katena Hill-Thompson
Signature of a member or authorized representative of a member

Typed or printed name of signee