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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

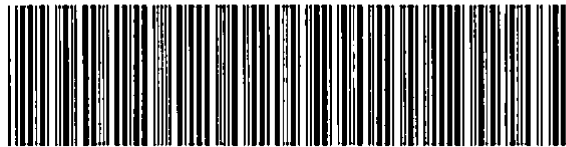
(Document Number)

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20 MAY -8 PM 3:09

EX 26 2003
C. M. M. M. M. M.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: M. TESS BEDELL, PLLC

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:

MEREDITH TESS BEDELL

Name of Person

M. TESS BEDELL, PLLC

Firm/Company

124 SOUTH MORGAN STREET, APT. 4309

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

tess.bedell@gmail.com

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

For further information concerning this matter, please call:

MEREDITH TESS BEDELL

Name of Person

727

at ()

Area Code

687-3024

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 Address:

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

20 MAY -8 PM

20 MAY -8 PH 3:00

(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:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

TAMPA, FLORIDA 33602

TAMPA, FLORIDA 33602

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AMBR	MEREDITH TESS BEDELL	124 SOUTH MORGAN STREET, APT. 4309	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33602	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 May 5, 2020

M. 233

Signature of a member or authorized representative of a member

M. TESS BEDELL

Typed or printed name of signee

Filing Fee: \$25.00