

L20 000237425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

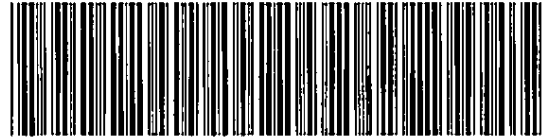
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 1 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DONNAREE'S TELE-CONNECT 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:

DONNAREE A WALFORD
Name of Person

DONNAREE'S TELE-CONNECT
Firm/Company

4165 PINELLA CIR APT 375
Address

PALM BEACH GARDENS FLORIDA 33410
City/State and Zip Code

DONNAREEWAL1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNAREE WALFORD 561 860-3886
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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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TALLAHASSEE, FLORIDA

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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>
OWNER	DONNAREE A WALFORD	4165 PINELLA CIR APT 375 PBG FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	DONNAREE A WALFORD	4164 PINELLA CIR APT 375 PBG FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SACRAMENTO, CALIFORNIA
FALM 1531210000

2020 AUG 31 PM 4:35
SOUTHERN REGIONAL
FALL NA 3532

FILED

(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)

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 08/24/2020

Dufford

Signature of a member or authorized representative of a member

DONNAREE A WALFORD

Typed or printed name of signee