

L20000362311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

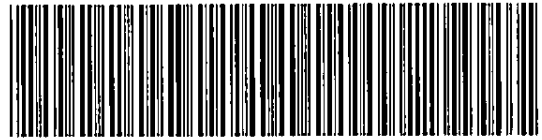
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

2023 MAR 20 AM 9:22

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trina Hayes Coaching, 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:

Trina Hayes

Name of Person

TL DesignWork LLC

Firm/Company

13860 Wellington Trace Suite 38-149

Address

Wellington, FL 33414

City/State and Zip Code

tl设计work@gmail.com

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

For further information concerning this matter, please call:

Trina Hayes

305 298-5079

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 Address:

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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 March 15, 2023

David C. Hays
Signature of a member of authority

Signature of a member or authorized representative of a member

Trina Hayes

Typed or printed name of signee

Filing Fee: \$25.00