

L21000040972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

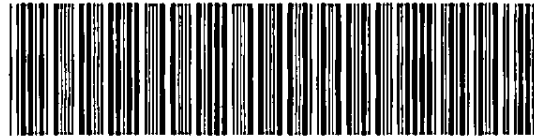
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2021

SAMUEL T. HOUSTON
701 EAST TENNESSEE ST.
TALLAHASSEE, FL 32308

SUBJECT: TESSERACT REAL ESTATE, LLC
Ref. Number: L21000040972

We have received your document for TESSERACT REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00013779

2021 JUN 24 PM 1:39

TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TESSERACT REAL ESTATE, LLC (Name Change Amendment)

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:

Samuel T. Houston

Name of Person

Williams & Coleman, P.A.

Firm/Company

701 East Tennessee Street

Address

Tallahassee, Florida 32308

City/State and Zip Code

jrvias0524@gmail.com

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

For further information concerning this matter, please call:

Sam Houston

\$50 222-0013

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 12 2021

Len Winter

Signature of a member or authorized representative of a member

Samuel T. Houston (as Attorney for Tesseract Real Estate LLC & Attorney for LLC Manager, Jesus Rivas,

Typed or printed name of signee

Filing Fee: \$25.00

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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Dated May 12 2021


Signature of a member or authorized representative of a member

Samuel T. Houston (as Attorney for Tesseract Real Estate LLC & Attorney for LLC Manager, Jesus Rivas.)

 Typed or printed name of signee

Filing Fee: \$25.00