

L21000199580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

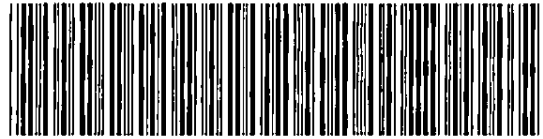
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



200421093532

01/04/24--01015-108
2024-01-04 PM 2:12
FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Theo's Smoked Goods 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:

Darian Walton
Name of Person

Theo's Smoked Goods L.L.C.
Firm/Company

26 W Linwood Ave
Address

Akron, OH, 44301
City/State and Zip Code

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

For further information concerning this matter, please call:

Darian Walton 330 217-6917
Name of Person at () Daytime Telephone Number
Area Code

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

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>
AR	Darian Walton	810 Grove Ave.	<input type="checkbox"/> Add
		Crescent City, FL 32112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Theojava Nelson	810 Grove Ave.	<input checked="" type="checkbox"/> Add
		Crescent City, FL	<input type="checkbox"/> Remove
		32112	<input type="checkbox"/> Change
Owner	Darian Walton	810 Grove Ave.	<input type="checkbox"/> Add
		Crescent City, FL	<input checked="" type="checkbox"/> Remove
		32112	<input type="checkbox"/> Change
Owner P	Theojava Nelson	Crescent City 810 Grove Ave.	<input checked="" type="checkbox"/> Add
		Crescent City, FL,	<input type="checkbox"/> Remove
		32112	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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.

(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.

Danir Walton
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00