

h 21 000215519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

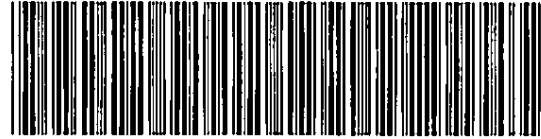
(Business Entity Name)

(Document Number)

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D BRUCE  
SEP 23 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** T. Warren Enterprises 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:

Quinedlyn Willis

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3533 Talisman Dr

\_\_\_\_\_  
Address

Middleburg, FL 32068

\_\_\_\_\_  
City/State and Zip Code

twarrenenterprisesllc@gmail.com

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

For further information concerning this matter, please call:

UReda'T Buchanan

352  
at ( )

3286024

\_\_\_\_\_  
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

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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>
MGR	UReda'T Buchanan	1019 NW 6th Ave	<input type="checkbox"/> Add
		Gainesville, FL 32601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Geraldine Byrd	3533 Talisman Drive	<input type="checkbox"/> Add
		Middleburg, FL 32068	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**F. Effective date, if other than the date of filing:** June 19, 2021 (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 June 19, 2021

*[Signature]*

Signature of a member or authorized representative of a member

UReda'T Buchanan

Typed or printed name of signee