

L21000229163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

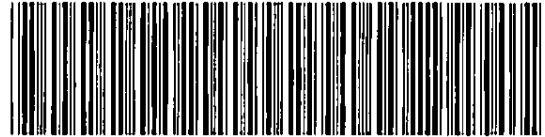
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tara M Fischer LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Tara Fischer
Name of Person

Tara M Fischer
Firm/Company

12720 Virtudes Street
Address

Coral Gables, FL 33156
City/State and Zip Code

Tara.fisch326@gmail.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Tara Fischer at (305) 984-8209
Name of Person Area Code Daytime Telephone Number

enclosed is a check for the following amount:

☐ \$0.00 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

Tara M Fischer UC

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:

!GR = Manager

WBR = Authorized Member

<u>Id</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
2			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
3			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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5			<input type="checkbox"/> Add
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6			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Effective Date: 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.

Dated 03/06 2024

Tara Fischer

Filing Fee: \$25.00