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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

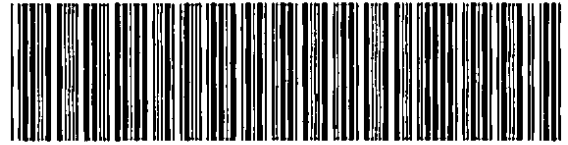
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DEPT OF STATE
DIVISION OF CORPORATION
22 MAY 20 PM 12:54

T. MATTHEWS

JUL 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Dillard 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:

Caryn Braun

Name of Person

Team Dillard LLC

Firm/Company

40 Esper Ct

Address

Fl Myers, FL 33912

City/State and Zip Code

Teamdillardsales@gmail.com

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

For further information concerning this matter, please call:

Caryn Braun

602 769-5277

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS.

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>
AMBR	John Dillard	40 Esper Ct	<input checked="" type="checkbox"/> Add
		Ft Myers, Fla 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeffery Braun	550 Park Meadow Dr	<input checked="" type="checkbox"/> Add
		San Antonio, Tx 78227	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

This image shows a full page of blank handwriting practice paper. It features ten sets of horizontal lines across the page. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The paper is white and contains no other markings or text.

E. Effective date, if other than the date of filing: May 1, 2022 (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 21 2022

Cary Brown
Signature of a member

Signature of a member or authorized representative of a member

Caryn Braun

Typed or printed name of signee

Filing Fee: \$25.00