

L21 000 385 377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

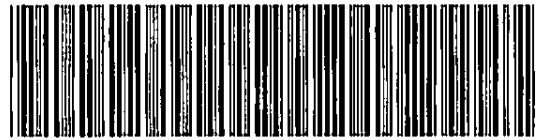
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2023 FEB 27 PM 1:36
TALLAHASSEE, FL

ef 3/11/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tamara Jonelle Photography LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamara J. Goodwin
Name of Person

Tamara Jonelle Photography LLC.
Firm/Company

4904 Ridgemoor Circle
Address

Palm Harbor / FL. / 34685
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamara Goodwin at (703) 398-4517
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2023

TAMARA GOODWIN
4904 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34985

SUBJECT: TAMARA JONELLE PHOTOGRAPHY LLC
Ref. Number: L21000385377

We have received your document for TAMARA JONELLE PHOTOGRAPHY 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):

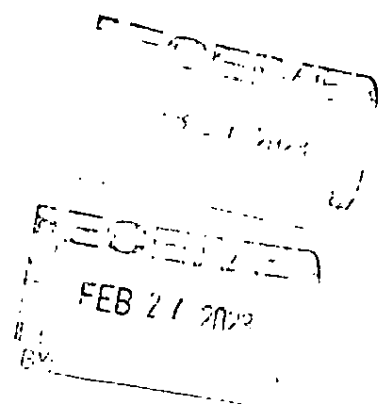
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 223A00000723



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Tamara Jonelle Photography LLC.
2. (a) Tamara J. Goodwin (b) Tamara J. Goodwin
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
4904 Ridgemoor Circle 4904 Ridgemoor Circle
Palm Harbor, FL 34685 Palm Harbor, FL 34685
3. 8/27/2021 4. L21000385377
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Legaline Corporate Services Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4716 Riverside Ave.
Jacksonville, FL 32202

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Tamara J. Goodwin
NEW Registered Office Address:
4904 Ridgemoor Circle
Palm Harbor, FL 34685

FILED
2023 FEB 27 PM 1:36
TALLAHASSEE, FL
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tamara J. Goodwin
Signature of a member or authorized representative of a member

Tamara J. Goodwin
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tamara J. Goodwin
Signature of Registered Agent