

121 000 461 209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

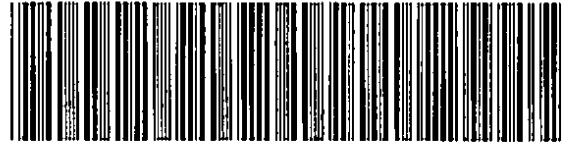
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

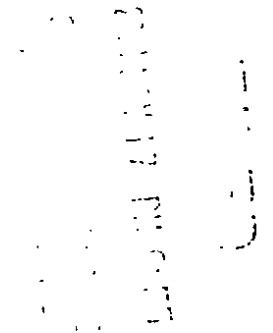
Special Instructions to Filing Officer:

Office Use Only



600376736746

11/17/21--01007--018 \*\*25.00



D. BRUCE  
DEC 05 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

TK Inspections 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:

Shawna E Kittrell  
Name of Person

TK Inspections  
Firm/Company

41338 128<sup>th</sup> Pass  
Address

Live Oak FL 32060  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shawna Kittrell at (407) 840 8004  
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

TK Inspections LLC

**If Changing Registered Agent, Signature of New Registered Agent**

AMBR	Shanna E Kittrell	14338 128 <sup>th</sup> Pass Live Oalfi	32060	<input checked="" type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<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
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<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

10

**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.

Dated 11/15/2021 . \_\_\_\_\_

*Sharon K. Krell*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Shauna Kittrell

Typed or printed name of signee

**Filing Fee: \$25.00**