

L22000158509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

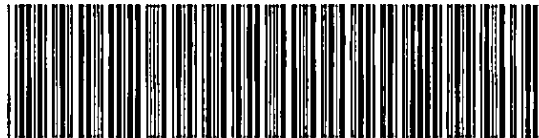
(Business Entity Name)

(Document Number)

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12/19/22

2022 DEC 19 AM 11:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PINKHAM GROUP, 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:

Andrew Rosin

Name of Person

Andrew W Rosin

Firm/Company

1966 Hillview St

Address

Sarasota FL 34239

City/State and Zip Code

arosin@rosinlawfirm.com

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

For further information concerning this matter, please call:

Andrew Rosin

941 359-2604
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

2022 OCT 19 AM 11:56

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	Doody, Austin	6900 COUNTRY LAKES CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Doody, Austin	6900 COUNTRY LAKES CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (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 December 8, 2022

- DocuSigned by:

Martin Doody

8A03A02CE0C7437

Signature of a member or authorized representative of a member

Martin J. Doody

Typed or printed name of signee

Filing Fee: \$25.00