

L22 000 311 704



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

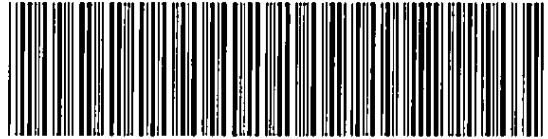
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900422633289

02/02/24--01020--006 **25.00

FILED
2024 FEB -2 PM 5:56
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TM Wright Development, 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:

Tim Wright

Name of Person

Firm/Company

26270 Mira Way

Address

Bonita Springs, FL 34134

City/State and Zip Code

twright@awgpc.com

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

For further information concerning this matter, please call:

Tim Wright

Name of Person

at (229)

Area Code

561-1351

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

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

[illegible]

[illegible]

(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)

2024

Tim M. Wright
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tim M Wright

Typed or printed name of signer

Filing Fee: \$25.00