

L22000440034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

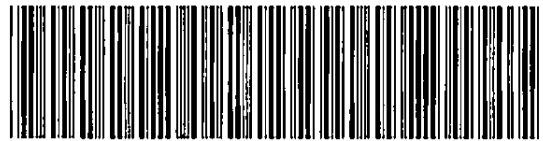
(Business Entity Name)

(Document Number)

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

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2024 JUL 24 PM 3:03  
ST. LOUIS, MO

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tmiz-Elite Solutions 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:

Tangee Mizell

Name of Person

Tmiz-Elite Solutions LLC

Firm/Company

2423 Willimette Dr

Address

Wesley Chapel, FL 33543

City/State and Zip Code

tanjoni225@gmail.com

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

For further information concerning this matter, please call:

Tangee Mizell at (813) 501-7405  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2015 JUN 15 10:15

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**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]

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

1. Please list registered agent as Northwest Registered Agent LLC. Please see the attached

Statement of Change of Registered Agent.

**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 June 13<sup>TH</sup> 2024



Signature of a member or authorized representative of a member

Tangee Mizell

Typed or printed name of signee