

# L23000067366

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

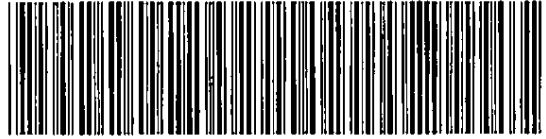
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TREASURER, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Duplicate Title MGR for my 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:

JOSE MATHAI

Name of Person

MY TAMPA POOL PAL LLC

Firm/Company

15465 Osprey Glen Dr.

Address

LITHIA, FL 33547

City/State and Zip Code

MYTAMPAPOOLPAL@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE MATHAI

Name of Person

at ( 312 ) 804-5019

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

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TALLAHASSEE, FL

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**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE MATHAI	15465 OSPREY GLEN DR.	<input type="checkbox"/> Add
		LITHIA, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE MATHAI	15465 OSPREY GLEN DR.	<input type="checkbox"/> Add
		LITHIA, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE MATHAI	15465 OSPREY GLEN DR.	<input checked="" type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
TALLAHASSEE, FL

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(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)

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.

 \_\_\_\_\_  
Signature

JOSE MATHAI

Typed or printed name of signee

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TALLAHASSEE, FL  
STATE

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