

123000410567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

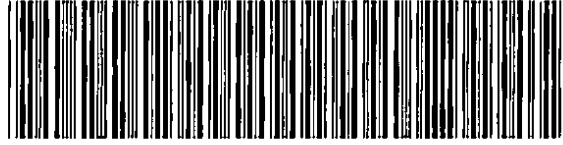
(Document Number)

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2023 NOV 30 AM 8:57  
STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEGMEN CONSTRUCTION, 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:

ELSA ROMERO MEJIA

Name of Person

TEGMEN CONSTRUCTION, LLC.

Firm/Company

848 MORAVON AVE.

Address

JACKSONVILLE, FL 32211

City/State and Zip Code

elsaromero63@gmail.com

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

For further information concerning this matter, please call:

ELSA ROMERO MEJIA

Name of Person

904

at ( )

Area Code

250-1568

Daytime Telephone Number

2023 MAY 30 AM 8:57

FILED

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, STATE  
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

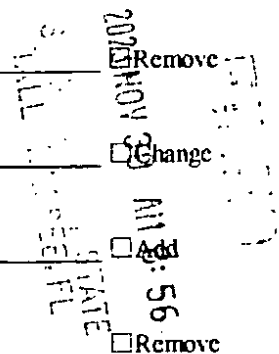
**If Changing Registered Agent, Signature of New Registered Agent**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROMERO MEJIA, ELSA	848 MORAVON AVE.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AVILA ROMERO, ELDY	848 MORAVON AVE.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	AVILA ROMERO, ROBERSY	848 MORAVON AVE.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



2023 NOV 30 AM 11:00  
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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 of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**