

L240000062610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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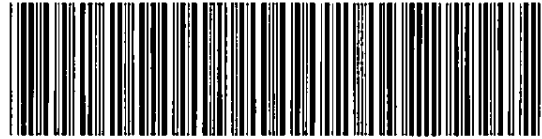
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tim Thompson Pro Services 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 Thompson

Name of Person

Tim Thompson Pro Services LLC

Firm/Company

1889 Bay Oaks Circle

Address

Milton, FL 32583

City/State and Zip Code

timthompson11@yahoo.com

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

For further information concerning this matter, please call:

Tim Thompson

770
at ()

990-0997

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

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TALLAHASSEE, FL

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OFFICE OF STATE
TALLAHASSEE, FL
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I hereby certify that the foregoing is a true and correct copy of this document as filed for public inspection.

Notary Public
Tallahassee, Florida

MGR = Manager
AMBR = Authorized Member

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SECRETARY OF STATE
TALLAHASSEE, FL

[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)

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 March 21, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tim Thompson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

FD-302 (Rev. 11-27-70)

Filing Fee: \$25.00