

L24 0000 70457

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

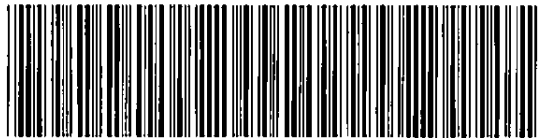
\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~Talk To You Later, LLC~~ Talk To You Later, 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:

~~Erica Bret Safford~~ Erica Bret Safford  
Name of Person

~~Talk To You Later, LLC~~ Talk To You Later, LLC  
Firm/Company

~~821 Pine Shores Circle~~ 821 Pine Shores Circle  
Address

~~New Smyrna Beach FL 32068~~ New Smyrna Beach, FL 32108  
City/State and Zip Code

~~talktoyoulaterllc@gmail.com~~ talktoyoulaterllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

~~Erica Bret Safford~~ Erica Bret Safford at 386 689-9272  
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



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	Erica Bret Safford	821 Pine Shores Circle, New Smyrna Beach, FL 32168	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Erica B Kochis		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Erica B Kochis recently got married and changed her last name to Safford. Therefore, Erica Bret Safford should

now be listed as the registered agent and manager. Please alert me if you need any additional information.

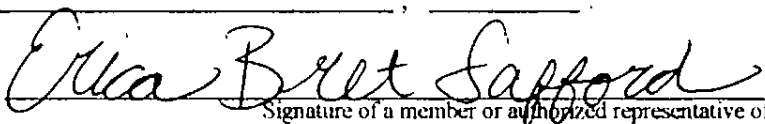
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 April 08, 2024



Signature of a member or authorized representative of a member

Erica Bret Safford

Typed or printed name of signee