## L24000080485

(Participatoria Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
<b>,</b> ,	
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TOLAMI 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:					
PAH; Chaupagne Name of Person					
TOLAMI LLC Firm/Company					
4339 Cornwell LN Address					
Whitmore LK MI 48189  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
PiAH; Champaigne at (248) 756-6159  Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address: Street Address:					

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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>	Address	Type of Action
			□ Add
			Remove
		/	Change
			□ Add
			□ Remove
		/	☐ Change
			□Add
		<u>/</u>	Remove
		/	Change
	/	/ - ————————————————————————————————————	
			Remove
			Change
	/		
			□Remove
			Change
/-	/		\ \tag{\text{Add}}
/			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Amending the following:	
Mindred 4 nce 10110tolled -	
1) Mailinguldress-Country of Ovigin is US	
- NOT UN	
2) Principal Address-Country of Origin is U.S	
NOT UN	
3) Redistered Hourt address:	
3) Redistered Agent address: 9349 Sommerset Hills Dr.	
Davenport, FL. 33896 US	
4) Title WGR PAHi Champagn - Country & Drigin is US	
NOT UN	
5) Title Work Genald Champagn-Country of Origin is US	
NOTUN	
E. Effective date, if other than the date of filing:  (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	7 (3)(b s the
f 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 ecord is filed.	
Dated 4/15 . 2024.	
Signatury of in stemper or authorized representative of a member	
- PAHT Champagne_ Tyled or frinted name of signee	
Typed or drinted name of signee	

Filing Fee: \$25.00