

L11000142747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

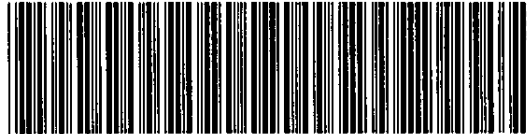
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY - 4 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 8 2015

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Guardian Contractors Network 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:

Sean Wydrankowski

\_\_\_\_\_  
Name of Person

Guardian Contractors Network LLC.

\_\_\_\_\_  
Firm/Company

1540 International Parkway, Suite 2000

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

swydrankowski@guardiancnet.com

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

For further information concerning this matter, please call:

Sean Wydrankowski

407 412-4008  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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          | Robert Ruryk      | 240 East Central Pkwy, Ste 4010   | <input checked="" type="checkbox"/> Add |
|              |                   | Altamonte Springs, FL 32701       | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |
| MGR          | Sean Wydrankowski | 1540 International Pkwy, Ste 2000 | <input checked="" type="checkbox"/> Add |
|              |                   | Lake Mary, FL 32746               | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |
|              |                   |                                   | <input type="checkbox"/> Add            |
|              |                   |                                   | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |
|              |                   |                                   | <input type="checkbox"/> Add            |
|              |                   |                                   | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |
|              |                   |                                   | <input type="checkbox"/> Add            |
|              |                   |                                   | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |
|              |                   |                                   | <input type="checkbox"/> Add            |
|              |                   |                                   | <input type="checkbox"/> Remove         |
|              |                   |                                   | <input type="checkbox"/> Change         |

[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 May 01, 2015.

  
Signature of a member or authorized representative of the applicant

Signature of a member or authorized representative of a member

Sean M. Wydrankowski - COO

Typed or printed name of signee