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(Requestor's Name)

(Address)

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2019 MAR -4 PM 2:43
DEPARTMENT OF
TREASURY
FALL APPELLATE COURT

MAR 11 2019
C McNAIR

COVER LETTER

Registration Section
Division of Corporations

of: Daniel Mann Home Improvements LLC
Name of Limited Liability Company

2018 MAR -4 PM 2:43
STATE OF FLORIDA
TALLAHASSEE

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Daniel Mann
Name of Person

Daniel Mann Home Improvements LLC
Firm/Company

2945 Summerwinds Cir
Address

St. Cloud FL 34769
City/State and Zip Code

Dmann12345@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Mann at (321) 337-5731
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$0.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2018 MAR -4 PM 2:43
REGISTERED
MAIL ATLAS

Daniel Mann Home Improvements LLC

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

Articles of Organization for this Limited Liability Company were filed on _____ and assigned document number _____.

This amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

2945 Summerwinds Cir
St. Cloud FL 34769

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

2945 Summerwinds Cir
St. Cloud FL 34769

When amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ing Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added
ed from our records:

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Daniel Mann</u>	<u>2945 Summerwind Cir</u>	<input checked="" type="checkbox"/> Add
	<u>St. Cloud FL 34769</u>	<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
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	_____	<input type="checkbox"/> Change
	_____	<input type="checkbox"/> Add
	_____	<input type="checkbox"/> Remove
	_____	<input type="checkbox"/> Change

...ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for additional information or changes.

Effective date, if other than the date of filing: _____ (optional)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member'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 the 90th day after the record is filed.

2/24/2014

Daniel R Mann Jr

Signature of a member or authorized representative of a member

Daniel R Mann Jr

Typed or printed name of signee