

L18000016747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

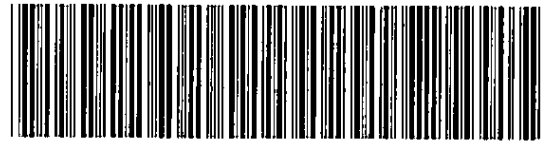
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 AUG 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2014
T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameridon Cabinetry 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:

Carlos A. Arrindell
Name of Person

Ameridon Cabinetry LLC.
Firm/Company

774 182nd AVE. E.
Address

Pedington Shores, FL 33708
City/State and Zip Code

C. Arrindell 74 @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Arrindell at (813) 857-8188
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

AMERIDON CABEMETRY LLC

AMERIDON CABINETRY LLC

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	Carlos A. Arrindell Jr.	774 182nd AVE E.	<input type="checkbox"/> Add
		Redington Shores	<input checked="" type="checkbox"/> Remove
		Fl. 33708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 AUG 21 10:01 AM
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 TALLAHASSEE, FLORIDA

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

19 AUG 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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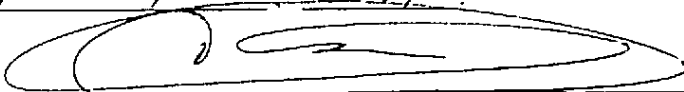
E. Effective date, if other than the date of filing: Aug 26, 2019 (optional)

(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 August 19, 2019



Signature of a member or authorized representative of a member

Carlos A. Arrindell

Typed or printed name of signer