

L04000029410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

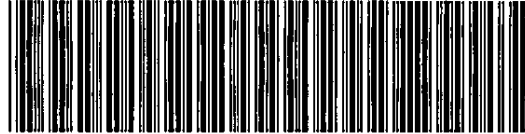
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 15 2015  
BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bobby Wiggins Drywall  
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:

Bobby Wiggins  
Name of Person

Bobby Wiggins Drywall LLC  
Firm/Company

4798 Breezy LN  
Address

Pace FL 32571  
City/State and Zip Code

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

For further information concerning this matter, please call:

Bobby Wiggins at (850) 712-9586  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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Bobby Wiggins Drywall LLC  
(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>
AMBR	Devore, Douglas E	5317 Santa Gertrudis	<input type="checkbox"/> Add
		MILTON FL 32583	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Holmes, William Jeffrey	7499 John Matthews Rd	<input checked="" type="checkbox"/> Add
		MILTON FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated 12/10/2015, 2015

Bobby Wiggins  
Signature of a member or authorized representative of a member

Bobby Wiggins  
Typed or printed name of signee