

L05000040076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

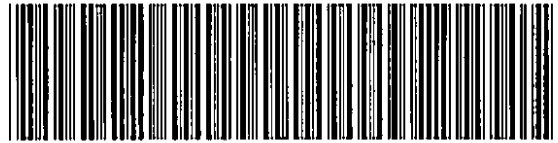
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/20--01016--020 **25.00

2020 AUG 25 AM 11:25

FILED

AUG 25 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

DAVID NAMENIUK CPA JD
DAVID T NAMENIUK CPA JD
3862 BEACON RIDGE WAY
CLERMONT, FL 34711

SUBJECT: COMPLETE OUTDOOR CARE LLC
Ref. Number: L05000040076

We have received your document for COMPLETE OUTDOOR CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

HRS CONSTRUCTION INC - P20000025661

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 920A00015371

Young, Sheila H.

From: David Nameniuk <david.nameniuk.cpa.pc@gmail.com>
Sent: Tuesday, August 25, 2020 11:16 AM
To: Young, Sheila H.
Subject: Resolution of Letter, per our Discussion

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good Morning Ms. Young:

Per our discussion just recently, please release
HRS CONSTRUCTION INC P20000025661
AND process what was submitted, the name change for L05000040076
from Complete Outdoor Care LLC to HRS Construction LLC

Thank You For Your Assistance

Respectfully,

David
701-388-2228

David T Nameniuk, CPA, JD

Disclaimer

Any advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties. The information contained in this message may be privileged, confidential, and protected from disclosure.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLETE OUTDOOR CARE 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:

DAVID NAMENIUK CPA JD

Name of Person

DAVID T NAMENIUK CP A JD

Firm/Company

3862 BEACON RIDGE WAY

Address

CLERMONT, FL 34711

City/State and Zip Code

DAVID.NAMENIUK.CPA.PC@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID T NAMENIUK CPA JD

701

388-2228

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 AUG 25 AM 11:25
and assigned

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

and assigned

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

[illegible]

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

NO ADDITIONAL CHANGES BUT A NAME CHANGE

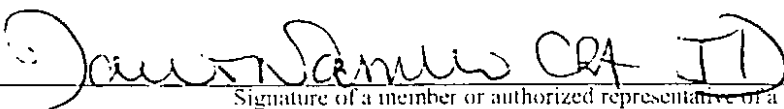
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 24TH 2020


Signature of a member or authorized representative of a member

DAVID T NAMENIUKE CPA JD

Typed or printed name of signee