

L06000035674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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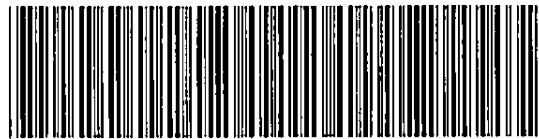
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cat 5 Hurricane Screens 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:

Rosalie Bennett

Name of Person

Cat 5 Hurricane Screens LLC

Firm/Company

13474 Chambord Street

Address

Brooksville FL 34613

City/State and Zip Code

Rosalie@cat5screens.com

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

For further information concerning this matter, please call:

Rosalie Bennett

Name of Person

at (352) 597-7207

Area Code

Daytime Telephone Number

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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

Cat 5 Hurricane Screens LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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	Rosalie Bennett	15045 Copeland Way	<input type="checkbox"/> Add <span>stays</span>
		Brooksville Fl. 34604	<input type="checkbox"/> Remove <span>The</span>
			<input type="checkbox"/> Change <span>Same</span>
AMBR	Wayne E. Bennett	15045 Copeland Way	<input checked="" type="checkbox"/> Add
		Brooksville Fl. 34604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donna M. Yager	19523 Fort King Run	<input checked="" type="checkbox"/> Add
		Brooksville Fl. 34601	<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

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

Lined area for amending information.

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 March 15, 2023

Rosalie Bennett  
Signature of a member or authorized representative of a member

Rosalie Bennett  
Typed or printed name of signer

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