

L06000072325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

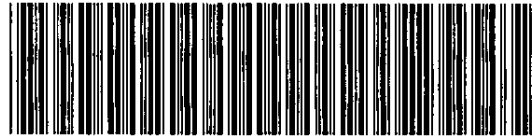
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEALY HALL, STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ERH Construction 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:

**Earl Homer**

Name of Person

Firm/Company

**11 Bass Avenue**

Address

**Ft. Walton Beach, FL 32548**

City/State and Zip Code

**erhconst@gmail.com**

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

For further information concerning this matter, please call:

**Earl Homer**

Name of Person

at ( ) **850 830-4416**

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

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SECRETARY OF STATE

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>      | <u>Type of Action</u>                   |
|--------------|---------------|---------------------|-----------------------------------------|
| MGRM         | Alex J Porter | 107 Quince Avenue   | <input checked="" type="checkbox"/> Add |
|              |               | Niceville, FL 32578 | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Add            |
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|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |

SECURITY STATE  
FALLMANSSEE FLORIDA  
13 DEC 2013  
13 DEC 2013

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

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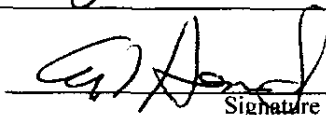
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Dated 12-18-13



Signature of a member or authorized representative of a member

EARLE R. HOMER JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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