

L06 0000 83202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

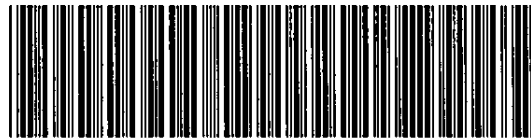
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263482742

08/28/14--01023--009 **55.00

14 AUG 20 14 16:50
14 AUG 20 14 16:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARRETT BUILDERS & MAINTENANCE OF FLORIDA
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELLY BARRETT
Name of Person

BARRETT BUILDERS & MAINTENANCE LLC
Firm/Company

8549 SW SEA CAPTAIN DR.
Address

STUART, FL 34997
City/State and Zip Code

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

For further information concerning this matter, please call:

SHELLY BARRETT at 772 919-2106
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

BARRETT BUILDERS & MAINTENANCE OF FLORIDA
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 26, 2014.

Sally A. Barrett
Signature of a member or authorized representative of a member

SHELLY A. BARRETT
Typed or printed name of signee

14 AUG 20 11:10 AM '14