

L07000006861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

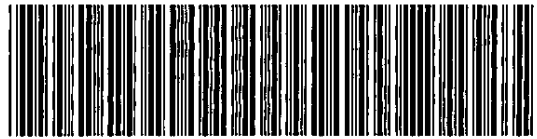
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS
SEP 8 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ibarra sheet Metal, 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:

Bernardo Ibarra
Name of Person

Ibarra sheet Metal LLC.
Firm/Company

5919 SE 68 street suite 106.
Address

Ocala, FL 34472
City/State and Zip Code

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

For further information concerning this matter, please call:

Bernardo Ibarra at (352) 220-8203
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 01/19/2007 and assigned Florida document number L07000006861.

X If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 2

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Business ownership.

Bernardo Ibarra 451 Spring Dr. Ocala, FL 351-74-8764 51%

Joaquin Ibarra 66 Bahia Trace Cord, Ocala FL 100-74-1496 49%

Dated 31-Aug-09

Bernardo Ibarra - Joaquin Ibarra
 Signature of a member or authorized representative of a member
Bernardo Ibarra - Joaquin Ibarra
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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