

208000032509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

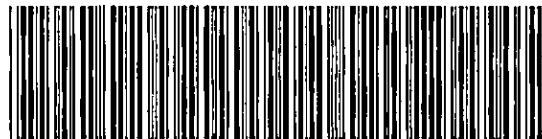
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 13 AM 11:33

N COOPER

JUL 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huckaby Home Improvement 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:

Mason Huckaby

Name of Person

Huckaby Home Improvement

Firm/Company

745 Lovewood Road

Address

Graceville, FL 32440

City/State and Zip Code

masonhuckaby24@gmail.com

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

For further information concerning this matter, please call:

Mason Huckaby

850

557-9727

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	Curtis Johnson	5139 Peanut Road	<input type="checkbox"/> Add
		Graceville, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nikolas Odom	745 Lovewood Road	<input type="checkbox"/> Add
		Graceville, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew Turner	3376 Bonnet Pond Road	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tracie Downs	745 Lovewood Road	<input checked="" type="checkbox"/> Add
		Graceville, FL 32425	<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

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

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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.

(b) The 90th day after the record is filed.

Dated July 10, 2018

Maseen Theobald
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mason Huckaby

Typed or printed name of signee