

L08000116594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

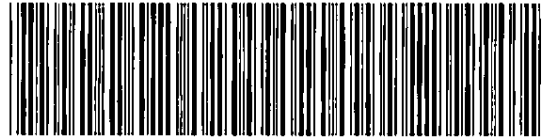
(Business Entity Name)

(Document Number)

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07/11/24--01008--005 \*\*25.00

T. MATTHEWS

JUL 24 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ♦ Augamin, L.L.C., a Florida Limited Liability Company

\_\_\_\_\_  
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:

Mark P. Lang, Esquire, Registered Agent

\_\_\_\_\_  
Name of Person

Mark Lang & Associates

\_\_\_\_\_  
Firm/Company

1050 Maitland Center Commons Blvd.

\_\_\_\_\_  
Address

Maitland, Florida 32751

\_\_\_\_\_  
City/State and Zip Code

mlang@langlaw.net

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

For further information concerning this matter, please call:

Mark P. Lang, Esquire

407 599-4433

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

1. 1990

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Casselberry, Florida 32707

Casselberry, Florida 32707

## Zip Code

**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>
AMBR	Michael J. Stewart	419 Harbor Oaks Pointe Drive	<input type="checkbox"/> Add
		Orlando, Florida 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Myra L. Williams	2946 Risser Avenue	<input type="checkbox"/> Add
		Orlando, Florida 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paul E. Stewart	320 Tuska Reserve Cove	<input checked="" type="checkbox"/> Add
		Casselberry, Florida 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael J. Stewart	419 Harbor Oaks Pointe Drive	<input type="checkbox"/> Add
		Orlando, Florida 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Myra L. Williams	2946 Risser Avenue	<input type="checkbox"/> Add
		Orlando, Florida 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Paul E. Steward

Paul E. Stewart

**Filing Fee: \$25.00**