

#L11000058617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

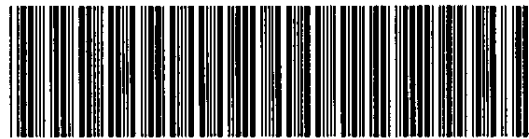
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256236647

02/10/14--01008--003 **25.00

FILED
2014 FEB 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Land Mitigation Management Services 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:

Carolyn Riegler

Name of Person

Firm/Company

1010 Albany Court

Address

Naples, FL 34105

City/State and Zip Code

Carolyn@financialresultsllc.com

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

For further information concerning this matter, please call:

Carolyn Riegler

248 721-8070

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

FILED
2014 FEB 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

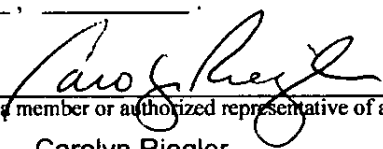
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel J Aronoff, Trustee	612 E Eleven Mile Rd	<input type="checkbox"/> Add
		Royal Oak, MI 48067	<input checked="" type="checkbox"/> Remove
MGR	Carolyn Riegler	612 E Eleven Mile Rd	<input checked="" type="checkbox"/> Add
		Royal Oak, MI 48067	<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 February 6, 2014



Signature of a member or authorized representative of a member

Carolyn Riegler

Typed or printed name of signee