

L110000086284

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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Design Concept Remodeling 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:

Thomas Dowd

Name of Person

Design Concept Remodeling Services LLC

Firm/Company

6620 NW 22nd Court

Address

Margate/FL 33063

City/State and Zip Code

tdowd876@bellsouth.com

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

For further information concerning this matter, please call:

Thomas Dowd

954

643-1327

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

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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	James Yaccarino	6620 NW 22nd Court	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Yaccarino	6620 NW 22nd Court	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Managing Member	James Yaccarino	6620 NW 22nd Court	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please note that James Yaccarino is no longer affiliated with Design Concept Remodeling Services LLC.

James Yaccarino should be removed from all MGR (Manager) and AMBR (Authorized Member) designations.

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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.

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.

Dated September 24 2020



Signature of a member or authorized representative of a member

Thomas Dowd

Typed or printed name of signee

Filing Fee: \$25.00