

L12 0000 13068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

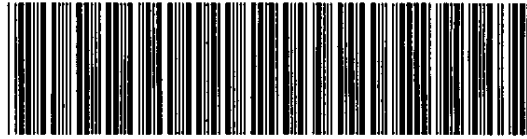
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJB Solutions, 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:

Adam Butler

Name of Person

AJB Solutions, LLC

Firm/Company

11164 Marquette St

Address

Spring Hill Florida 34609

City/State and Zip Code

ajbutler@ajbsolutions.net

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

For further information concerning this matter, please call:

Adam Butler

Name of Person

352

at ()

Area Code

340-3701

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

AJB Solutions, LLC

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>
MGRM	Kathryn Butler	11164 Marquette St	<input type="checkbox"/> Add
		Spring Hill, FI 34609	<input checked="" type="checkbox"/> Remove
MGRM	James Redmile	5235 Lydia Ct	<input checked="" type="checkbox"/> Add
		Spring Hill, FI 34608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

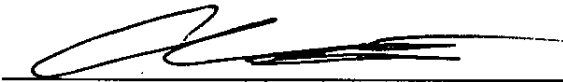
I would like to add the EIN for AJB Solutions.

EIN 47-2184454

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 20 November, 2014



Signature of a member or authorized representative of a member

Adam Butler

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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