

L120000068672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

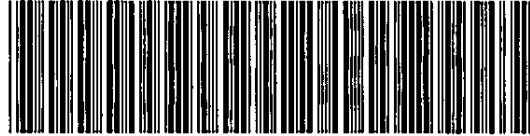
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278410364

10/26/15--01004--006 **25.00

FILED
2015 OCT 26 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHLAND CONSTRUCTION & CONSULTING FIRM 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:

JOSEPH C. NORTH

Name of Person

NORTHLAND CONSTRUCTION & CONSULTING FIRM LLC

Firm/Company

11420 FORTUNE CIRCLE, SUITE NO. 1-38

Address

WELLINGTON, FL 33414

City/State and Zip Code

JOECONTRACTOR28@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH C. NORTH

954

520-9908

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
2015 OCT 26 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(S.)

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

Page 1 of 3

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>
MGR	SCOTT NORTH	7610 CLARKE ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 OCT 26 PM 1:45
CLERK OF CIRCUIT COURT
JALAHASSEE, FLORIDA

2019-00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 OCT 26 PM 1:45
CLERK OF DISTRICT
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

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.

Dated OCTOBER 20, 2015

TOBER 20

[Handwritten signature]

Signature of a member or authorized representative of a member

JOSEPH C. NORTH

Typed or printed name of signee