

L12 0000 95488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

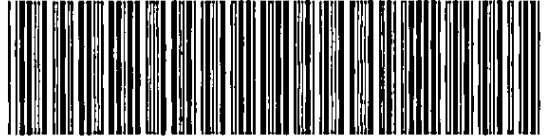
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 21 AM 7:25
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MISC. METAL FABRICATION, 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:

LAURA A STREIMER
Name of Person

STREIMER & FLUSBERG, P.A.
Firm/Company

1361 SAWGRASS CORP PKWY SUITE 100
Address

SUNRISE, FL 33323
City/State and Zip Code

JCARPIO@MISCMETALFAB.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA STREIMER at (954) 846-1100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MGR	JAVIER CARPIO	3001 SW 15TH STREET	<input checked="" type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change
MGR	JUAN VASQUEZ	3001 SW 15TH STREET	<input type="checkbox"/> Add
		SUITE A	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2021 JUN 25 AM 11:25
CALL ANASTASIA FLORIDA

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

N/A

2021 JUN 21 AM 7:25
TALLAHASSEE, FLORIDA

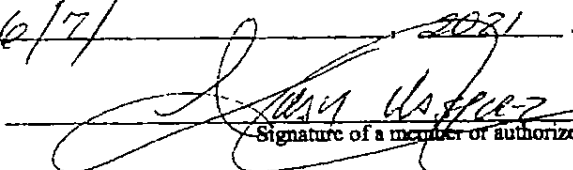
E. Effective date, if other than the date of filing: _____ (optional)

(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

6/7/2021


Signature of a member or authorized representative of a member

JUAN VASQUEZ

Typed or printed name of signer

Filing Fee: \$25.00