

L12000103080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

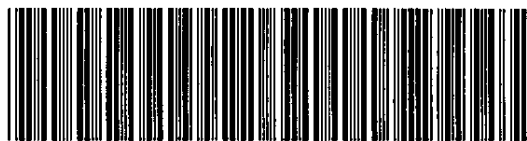
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 11 PM 12:55

JUN 13 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Designer Construction 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:

Mitchell W Tetman

Name of Person

Designer Construction Services LLC

Firm/Company

143 Timber Ct

Address

Destin, Florida 32451

City/State and Zip Code

mitchell@designerconstructionservicesllc.com

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

For further information concerning this matter, please call:

Mitchell W Tetman

Name of Person

at **850 240-0857**

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

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>
VP	Casey M Tetman	143 Timber Ct	<input type="checkbox"/> Add
		Destin Florida 32541	<input checked="" type="checkbox"/> Remove
MGRM	Ryan Ludlow	333 Pipers Landing Rd	<input type="checkbox"/> Add
		Defuniak Springs, Florida 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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14 JUN 14 PM 2:55

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 June 3, 2014

Signature of a member or authorized representative of a member

Mitchell W Tetman

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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