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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

LLC  
Append

1-9-19

DC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Livengood Aluminum 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:

Byron Livengood

\_\_\_\_\_  
Name of Person

Livengood Aluminum LLC.

\_\_\_\_\_  
Firm/Company

6495 W Riverbend Rd

\_\_\_\_\_  
Address

Dunnellon FL 34433

\_\_\_\_\_  
City/State and Zip Code

michelle.albert@wincomfg.com

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

For further information concerning this matter, please call:

Michelle Albert

352

436-5136

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



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         | Gary Bernard Chilton | 20164 SW 93rd Lane Rd.<br>Dunnellon FL 34431 | <input checked="" type="checkbox"/> Add |
|              |                      |  | <input type="checkbox"/> Remove         |
|              |                      |  | <input type="checkbox"/> Change         |
|              |                      |  | <input type="checkbox"/> Add            |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 December 14, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Byron Livengood

Typed or printed name of signee