

L13000100233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

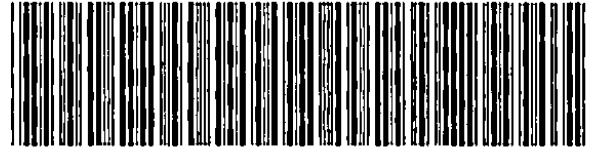
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100354993901

11/16/20--01023--011

30

2020 NOV 16 AM 10:54
OFFICE OF THE CLERK
TALLAHASSEE, FL

O SIMMONS
DEC 21 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CUSTOM CUTLERY 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:

ROBIN BUCKLEY

Name of Person

Firm/Company

4150 LAKE WASHINGTON RD

Address

MELBOURNE FL 32934

City/State and Zip Code

LWECSTABLES@HOTMAIL.COM

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

• For further information concerning this matter, please call:

ROBIN BUCKLEY

321 751-0030

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2028 NOV 16 AM 10:54

ST-100 (Rev. 1-75)
 (For records.)

Records.)

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHILLIP MCMAHON	3232 WOODSMILL AVE MELBOURNE, FL 32934	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	DAVID RING	2362 SE 145TH ST SUMMERFIELD, FL 34491	<input checked="" 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

FILED

2020 NOV 16 AM 10:54

CLERK OF THE COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 11/09/2020 (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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 NOVEMBER 9TH 2020



Signature of a member or authorized representative of a member

PHILLIP MCMAHON

Typed or printed name of signer

Filing Fee: \$25.00