

L13000124587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

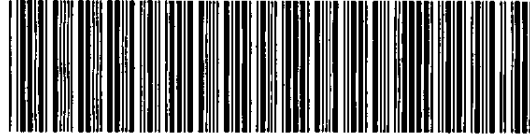
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500276487525

09/08/15--01018--023 **25.00

FILED

2015 SEP - 8 P 4: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2015
CLERK

COVER LETTER



TO: Registration Section
Division of Corporations

SUBJECT: VISTA CONSTRUCTION AND REMODELING, 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:

STACEY-ANN WHYTE

Name of Person

MF TAX GROUP

Firm/Company

8409 N MILITARY TRAIL, STE 119

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

STACEY@MFTAXGROUP.COM

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

For further information concerning this matter, please call:

STACEY-ANN WHYTE

561 691-1100
at ()
Area Code Daytime Telephone Number

Name of Person

2015 SEP - 8 P 4: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VISTA CONSTRUCTION AND REMODELING, LLC

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	MEHDI MEJJATI-ALAMI P.A.	253 NE 2ND STREET	<input checked="" type="checkbox"/> Add
		STE 2506	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	MEDHI MEJJATI ALAMI	100 SE 2ND ST	<input type="checkbox"/> Add
		STE 4500	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<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 SEP - 8 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

2015 SEP -8 P 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -8 P 4: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 07/20/2015 (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 September 1st, 2015.

Signature of a member or authorized representative of a member

CHARLES MEGGOTT

Typed or printed name of signee