

L1300015/012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

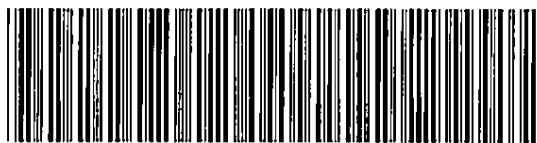
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2024 AUG -7 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD WORLD BUILDERS, 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:

MELISSA MCCAWLEY

Name of Person

OLD WORLD BUILDERS

Firm/Company

1051 S COMBEE RD

Address

LAKELAND, FL 33801

City/State and Zip Code

MMCCAWLEY@OLDWORLDBUILDERSLLC.COM

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

For further information concerning this matter, please call:

MELISSA MCCAWLEY

863 738-0722
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

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TALLAHASSEE, FL

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OLD WORLD BUILDERS, LLC

If Changing Registered Agent, Signature of New Registered Agent

2024 AUG - 7 AM 8:01
 Registered Agent
 SECSTATE
 TALLAHASSEE, FL
 DEPT OF STATE

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	INOCENTE DUARTE	300 ORANGE AVE N	<input checked="" type="checkbox"/> Add
		FORT MEADE, FL 33841	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

(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)

Dated AUGUST 2 2024

Signature of a

SHANE MCCAULEY

2024 AUG -7 AH 8:01
SECL. DIV. OF STATE
TALLAHASSEE, FL

100

Filing Fee: \$25.00