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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE BIVISION OF CORFORATIONS

APR 1.6 2014
J. HARRIS

COVER LETTER

TO:

Registration Section **Division of Corporations**

MARK STAHL CARPENTRY 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:

MARK STAHL

Name of Person

MARK STAHL CARPENTRY LLC

Firm/Company

12597 DEEDER LANE

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

SANDRALAXTON@VERIZON.NET

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

For further information concerning this matter, please call:

MARK STAHL

at (484) 888-4590
Area Code Daytime Telepho

Name of Person

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



April 15, 2014

MARK STAHL 12597 DEEDER LN JACKSONVILLE, FL 32258

SUBJECT: MARK STAHL CARPENTRY LLC

Ref. Number: L13000166893

We have received your document for MARK STAHL CARPENTRY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 414A00008046

16 APR IS PM 1: 00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ability Company," the designation "L	LC" or the abbreviation "L.L.C."
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Enter Florida street addr	ess
.	Florida
, F	Zip Code
	office address on our recordere: Enter Florida street address, F

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 **Title** Name **Address Type of Action** MARK B STAHL MGR 12597 DEEDER LANE JACKSONVILLE FL 32258 **■** Add ☐ Remove SANDRA J LAXTON MGR 1120 KALMIA CT ST. JOHNS, FL 32259 □ Add **■** Remove _____ Remove □ Remove ☐ Remove ☐ Add ☐ Remove

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ate, if other than t	he date of filing	(antianal)
late must be specific, e locument is tiled by the	amot be prior to date of receipt or filed e Florida Department of State)	date and cannot be more than 90 days after
5 14	•	
·	Signature of a member or authorize	ed representative of a member
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	mark stahl	Signature of a member or authorize mark stahl Typed or printed n

Page 3 of 3

Filing Fee: \$25.00