

L14000014358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

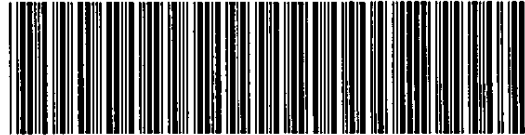
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

JUL 20 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MINUTOLO HOME 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:

MICHAEL MINUTOLO

Name of Person

MINUTOLO HOME REMODELING, LLC

Firm/Company

2161 VICTORIA DR

Address

CLEARWATER, FL 33763

City/State and Zip Code

mikeminutolo69@gmail.com

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

For further information concerning this matter, please call:

MICHAEL MINUTOLO

727

462-0150

Name of Person

at ()

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

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MAR 19 PM 3:29
CLERK OF STATE
TALLAHASSEE, FLORIDA
of New Registered Agent

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	JOHN FOLEY	1608 SAN ROY DR	☐ Add
		DUNEDIN, FL 34698	☒ Remove
			☐ Change
AMBR	ANTHONY MINUTOLO	2161 VICTORIA DR	☒ Add
		CLEARWATER, FL 33763	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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JAN 19 3 29 PM
TREASURY OF STATE
TAMPA FLORIDA

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

N/A

E. Effective date, if other than the date of filing: _____ (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

7-16-16

Signature of a member or authorized representative of a member

MICHAEL MINUTOLO

Typed or printed name of signee

FILED
JUL 19 2016
DEPT. OF STATE
TALLAHASSEE, FLORIDA