

L14000017051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

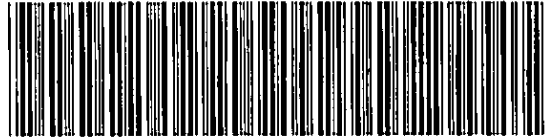
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gurganus Painting & Handyman Services 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:

Charles A. Gurganus Jr.

Name of Person

Gurganus Painting & Handyman Services LLC

Firm/Company

612 3rd Street

Address

Chipley, FL 32428

City/State and Zip Code

tonygurganusjr@gmail.com

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

For further information concerning this matter, please call:

Melanie Gurganus

850 326-9407
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Jason Beard	406 2nd Street	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Mader	4845 Tall Pine Dr.	<input checked="" type="checkbox"/> Add
		Marianna, FL 32446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 December 6 . 2018

Signature of a member or authorized representative of a member

Charles A. Curran, Jr.
Typed or printed name of signer