

L14000041729

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2015
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. Rich Installations 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:

Andrew Rich

Name of Person

A. Rich Installations LLC

Firm/Company

7653 Dovecote Dr.

Address

Orlando, FL 32810

City/State and Zip Code

Andrew.Rich512@gmail.com

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

For further information concerning this matter, please call:

Andrew Rich

Name of Person

at (321)

Area Code

418-4835

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

A. Rich Installations. LLC.

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Andrew Rich</u>	<u>7653 Dovecote Dr.</u> <u>Orlando, FL 32810</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Al Gidaro</u>	<u>502 Gumwood Ct.</u> <u>Altamonte Springs, FL</u> <u>32714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 19th, 2015.

Sherry Rich
Signature of a member or authorized representative of a member
Sherry Rich
Typed or printed name of signee

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