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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

APR 23 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: all american masonry&concrete 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:

john waters

Name of Person

all american masonry&concrete

Firm/Company

11459 broadstream dr

Address

st cloud fl 34773

City/State and Zip Code

masonry87@gmail.com

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

For further information concerning this matter, please call:

john waters

Name of Person

at 407 7024316

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>
mgr	john waters	3996 pimberley pines st cloud fl 34769	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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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 4/15, 2014



Signature of a member or authorized representative of a member

john waters

Typed or printed name of signee

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Filing Fee: \$25.00

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