

L14000060572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

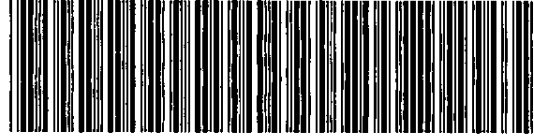
(Business Entity Name)

(Document Number)

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ALBUQUERQUE, NEW MEXICO

JAN 13 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAI DESIGN BUILD 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:

JACQUELINE P MENZEL
Name of Person

MAI DESIGN BUILD LLC
Firm/Company

395 STAN DRIVE, SUITE B
Address

WEST MELBOURNE, FL 32904
City/State and Zip Code

JPMENZEL8426@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE P MENZEL 321 288-2525
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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 H. RUMPEL	395 STANDR, SUITE B	<input type="checkbox"/> Add
		WEST MELBOURNE FL	<input checked="" type="checkbox"/> Remove
		32904	<input type="checkbox"/> Change
AMBR	DAVID T. MENZEL	395 STANDR, SUITE B	<input checked="" type="checkbox"/> Add
		WEST MELBOURNE, FL	<input type="checkbox"/> Remove
		32904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
STATE OF FLORIDA

[illegible]

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.

Dated JANUARY 11, 2016.

Signature of a member or authorized representative of a member

JACQUELINE P MENZEL
Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA