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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 9 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Steele Built Buildings and Construction 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:

Timothy G Steele

Name of Person

Steele Built Buildings and Construction LLC

Firm/Company

175 Searcy Road

Address

Chipley, FL 32428

City/State and Zip Code

steelebuiltbuildings@gmail.com

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

For further information concerning this matter, please call:

Heather Steele

Name of Person

at **850 326-1854**

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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TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>
AMBR	Timothy M Steele	175 Searcy Road	☐ Add
		Chipley, FL 32428	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

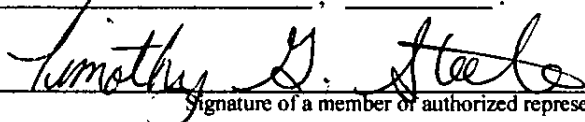
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ALACHUA COUNTY, FLORIDA

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 August 26, 2014



Signature of a member or authorized representative of a member

Timothy G Steele

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA