

L146669665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

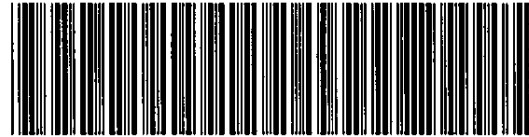
(Business Entity Name)

(Document Number)

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J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Routt 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:

Kyle Routt
Name of Person

Routt Construction, LLC
Firm/Company

1403 Maryland Ave.
Address

Lynn Haven, FL 32444
City/State and Zip Code

Routt Construction@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Routt at (850) 541-3105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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 6-25, 2014.



Signature of a member or authorized representative of a member

Kyle Rautt

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA