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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brown Mechanical Service, 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:

Tiffini P Brown

Name of Person

Brown Mechanical Service, LLC

Firm/Company

1012 Mohican Blvd

Address

Jupiter, FL 33458

City/State and Zip Code

tiffinib@gmail.com

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

For further information concerning this matter, please call:

Tiffini P Brown

561 906-5763
at ()

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

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MGR = Manager
AMBR = Authorized Member

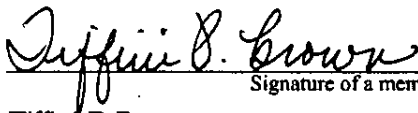
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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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 January 14, 2015



Signature of a member or authorized representative of a member

Tiffini P Brown

Typed or printed name of signee

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TALLAHASSEE, FLORIDA