

L15000014451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

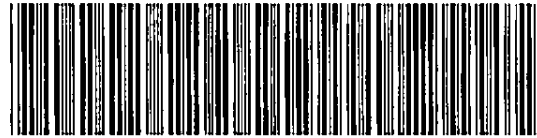
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/17--01018--023 **30.00

JZ
9/28/17

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17 SEP 28 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Global and Construction and Home Repair 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:

Michael E. Walker

Name of Person

Global Construction and Home Repair LLC.

Firm/Company

Po Box 1923

Address

Valrico, FL 33595

City/State and Zip Code

globalchrepair@gmail.com

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

For further information concerning this matter, please call:

Michael E. Walker Sr.

813

424-7914

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

Page 1 of 3

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>
Owner	Michael E Walker Sr	Po Box 1923	<input type="checkbox"/> Add
		Valrico, FL 33595	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Owner	Melissa Walker	Po Box 1923	<input checked="" type="checkbox"/> Add
		Valrico, FL 33595	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Micheal E Walker JR	Po Box 1923	<input checked="" type="checkbox"/> Add
		Valrico, FL 33595	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing Michael E Walker Sr from MGR to "OWNER"

17 SEP 28 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ **(optional)**


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Sept 26, 2017.



Signature of a member or authorized representative of a member

Michael E Walker Sr.

Typed or printed name of signee