

L15000023483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

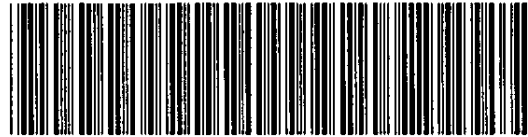
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JUN 16 P 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2015  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HUMBLE IMPLEMENTATION, 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:

ANGELA DUNCAN

Name of Person

HUMBLE IMPLEMENTATION, LLC

Firm/Company

8710 W HILLSBOROUGH AVE #197

Address

TAMPA, FL 33615

City/State and Zip Code

ANGELA@THEDUNCANDUO.COM

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

For further information concerning this matter, please call:

ANGELA DUNCAN

813 359-8990  
at ( )

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
AP	ANDREW DUNCAN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ANGELA DUNCAN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	AAD GROUP, LLC	8710 W HILLSBOROUGH AVE	<input checked="" type="checkbox"/> Add
		#197	<input type="checkbox"/> Remove
		TAMPA, FL 33615	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2015 JUN 1

(optional)

.) Pursuant to 605.0207 (3)(b)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
Pursuant to 60  
not be lis

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 JUNE 10, 2015

NE 10 \_\_\_\_\_, 2015 \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANGELA DUNCAN

Typed or printed name of signee