

415000 125758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

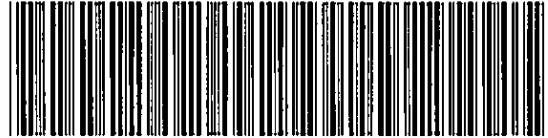
(Business Entity Name)

(Document Number)

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

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NOT A REPLY

C. GOLDEN

FEB 11 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLORIDA ADJUSTABLE ROOF SYSTEMS, 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:

REBECCA LOVETT

\_\_\_\_\_  
Name of Person

FLORIDA ADJUSTABLE ROOF SYSTEMS, LLC

\_\_\_\_\_  
Firm/Company

2225 HOWELL LANE

\_\_\_\_\_  
Address

MALABAR, FL 32950

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

REBECCA LOVETT

\_\_\_\_\_  
Name of Person

at (321) 292-9397

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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ALL STATE  
PASSER, FL

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>
_____	_____	_____	<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
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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.)*

[illegible]

**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.

姓名: 王明 性别: 男 出生日期: 1990-01-01 身份证号: 110101199001010001 联系电话: 13800138000 电子邮箱: wangming@example.com  
 住址: 北京市海淀区中关村大街1号 邮编: 100080 工作单位: 北京科技有限公司 职位: 软件工程师

Dated January 31, 2019

*Rebecca Lovett*  
Signature of a member or authorized

Signature of a member or authorized representative of a member

REBECCA LOVETT

Typed or printed name of signee