

L15000138760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

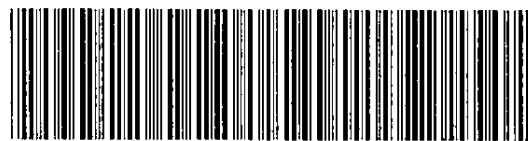
(Business Entity Name)

(Document Number)

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17 JUN 19 PM 1:30
TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carey Automation, 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:

Stanley U Hunt

Name of Person

River CPA, LLC

Firm/Company

1547 Peters Creek Road

Address

Green Cove Springs, FL 32043

City/State and Zip Code

info@rivercpa.com

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

For further information concerning this matter, please call:

Stanley U Hunt

904

626-6347

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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JUN 19 PM 1:30
REGISTERED MAIL
ST. LOUIS, MO.
U.S. DEPT. OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D.C.

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>
MGRM	Paul Allen	4206 Holly Court	<input checked="" type="checkbox"/> Add
		Middleburg, FL 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 JUN 19 PM 4:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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)


(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.

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

Dated June 15 2017

June 15



Signature of an

Signature of a member or authorized representative of a member

James H Carey

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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17 JUN 19 PM 1:30
FBI - SEATTLE