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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 Custom Carpentry, 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:

Richard Cooper
Name of Person

A-1 Custom Carpentry, LLC
Firm/Company

212 Robbie Lane
Address

Wewahatcha/Florida 32465
City/State and Zip Code

rbjcooper2384@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Cooper at (850) 348-7883
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

A-1 Custom Carpentry, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	Brad A. Blackmon	250 Pine Street	<input type="checkbox"/> Add
		Welchitchka, Florida 32468	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason L. Catlett	4331 Georgia Ave	<input checked="" type="checkbox"/> Add
		Port St. Joe Florida 32465	<input checked="" 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
			<input type="checkbox"/> Change
			<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.)*

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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 February 19, 2018

Richard Cople
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Richard Cooper
Typed & printed name

Typed or printed name of signee