

L15000151101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

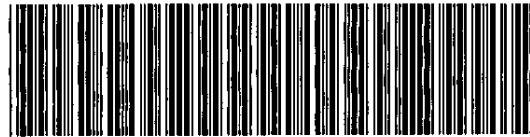
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800278885618

11/09/15--01018--011 **25.00

FILED

2015 NOV -9 P 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tip Top Windows 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:

Robert m Hiabie
Name of Person
Tip Top Windows LLC
Firm/Company
821 NE 44 th Street
Address
Ocala, FL 34479
City/State and Zip Code
Rob m Hiabie @ Gmail, Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hiabie at (352) 572-4271
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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2015 NOV - 9 P 4: 05

FILED

Tip Top Windows LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

[illegible]

2014 NOV 9 4: 0
☐ Remove
☒ Change
☐ Add
☐ Remove

100

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

Zachary Michael Higbie will be a
25% Shareholder with Tip Top Windows LLC

FILED
2015 NOV -9 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/28/2015.



Signature of a member or authorized representative of a member

Robert m Higbie

Typed or printed name of signee