

L15000162429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

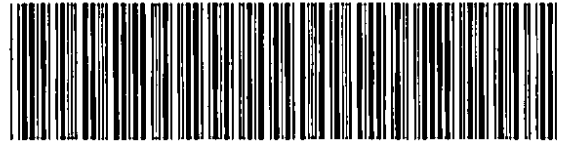
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AWARD FINEST HOMES 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:

TINA HAUGHIAN

Name of Person

AWARD FINEST HOMES LLC

Firm/Company

16847 CAGAN CROSSINGS BLVD
SUITE 102-203

Address

CLERMONT, FL 34714

City/State and Zip Code

awardfinesthomes@gmail.com

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

For further information concerning this matter, please call:

TINA HAUGHIAN

407 4373472
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

AWARD FINEST HOMES LLC

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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SEP 12 2008
FBI - NEW YORK

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

AMENDING EIN NUMBER INCORRECTLY ENTERED

EIN NUMBER SHOULD BE 47-5161122

NOT ~~47-513122~~

47-5131122

FILED
18 SEP 12 AM 8 16
CLERK OF SUPERIOR COURT
STATE OF CONNECTICUT

09/07/2018

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

09/07/2018

Signature of a member or authorized representative of a member

TINA HAUGHIAN

Typed or printed name of signee