

L15000178772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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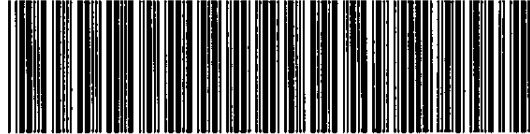
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BURRIS REMODELING AND GUTTERING, 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:

VELVET BURRIS

Name of Person

BURRIS REMODELING AND GUTTERING, LLC

Firm/Company

807 LIVE OAK DRIVE

Address

BROOKSVILLE, FLORIDA 34601

City/State and Zip Code

VELVET.WELLMAN@YAHOO.COM

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

For further information concerning this matter, please call:

VELVET BURRIS

352 238-5086
at ()
Area Code Daytime Telephone Number

Name of Person

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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TALLAHASSEE, FLORIDA

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BURRIS REMODELING AND GUTTERING, LLC

The Articles of Organization for this Limited Liability Company were filed on October 21, 2015 and assigned Florida document number L15000178772.

N/A

N/A

N/A

N/A

N/A

Enter Florida street address

_____, **Florida** _____
City *Zip Code*

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Troy Burris	807 Live Oak Dr., Brooksville, FL	☐ Add
			☐ Remove
			☐ Change
MGR	Velvet Burris	807 Live Oak Dr., Brooksville, FL	☐ Add
			☐ Remove
			☐ Change
AP	Todd Allen Young	807 Live Oak Dr., Brooksville, FL	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

To amend as a single member LLC

77

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: November 16, 2015 (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

11/14/15

Velvet Bucking

Signature of a member or authorized representative of a member

Velvet Burris

Typed or printed name of signee