

L16000040961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

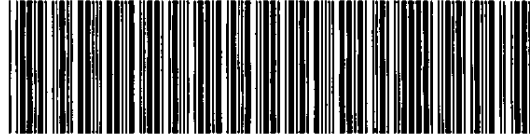
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100287928501

07/19/16--01027--019. \*\*30.00

FILED  
2016 JUL 19 P 3 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 20 2015  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M & W Custom 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:

Charli McNeal

\_\_\_\_\_  
Name of Person

M & W Custom Homes, LLC

\_\_\_\_\_  
Firm/Company

420 N. Boundary Avenue

\_\_\_\_\_  
Address

Deland, FL 32720

\_\_\_\_\_  
City/State and Zip Code

charli.mwch@gmail.com

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

For further information concerning this matter, please call:

Charli McNeal

at ( 386 ) 740-1561  
\_\_\_\_\_  
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

2015 JUL 19 PM 3:00  
TALLAHASSEE, FL 32301  
SECRETARY OF REVENUE

FILED



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	Ronald E. Wilson	4867 Palm Coast Pkwy NW #5	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2018 JUL 19 PM 3:36  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

2016 JUL 19 P 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 JUL 19 P 3:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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)

Dated July 15, 2016

Charli McNeal

**Filing Fee: \$25.00**