

L160000 61030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

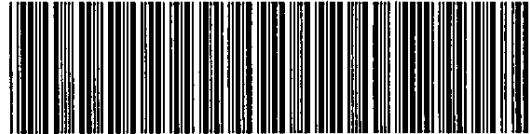
(Business Entity Name)

(Document Number)

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16 JUL 25 PM 12:02
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07/26/16--01002-014 25.00

2016 JUL 25 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carpentry Mart Copans 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:

Orlando Garcia
Name of Person
Carpentry Mart Copans LLC
Firm/Company
1901 W Copans Rd
Address
Pompano Beach, FL 33064
City/State and Zip Code
info@CarpentryMart.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando Garcia at (786) 399 9689
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Carpentry Mart Copans LLC

(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>
<u>P</u>	<u>MORIA A. BUONASSISI</u>	<u>10180 NW 28 TER</u>	<input type="checkbox"/> Add
		<u>DORAL, FL 33172</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>ABdias Villalobos</u>	<u>1901 W Copans RD</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL</u>	<input type="checkbox"/> Remove
		<u>33064</u>	<input checked="" type="checkbox"/> Change
<u>D</u>	<u>Orlando Garcia</u>	<u>1901 W Copans RD</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL</u>	<input type="checkbox"/> Remove
		<u>33064</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 16 2 25 PM '03

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

[illegible]

E. Effective date, if other than the date of filing: 07/19/2016 (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 07/19/2016

Signature of a member or authorized representative

Orlando Garcia

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA