

L160000912389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

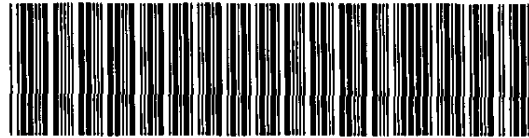
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/16--01006--003 **25.00

RECEIVED
2016 NOV -7 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
NOV -7 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 8 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUSTOM CUTS CONSTRUCTION LLC (DOC NUMBER L16000092389)
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:

CHRISTOPHER M. LONG

Name of Person

CUSTOM CUTS CONSTRUCTION LLC

Firm/Company

1366 SE BAYA DRIVE

Address

LAKE CITY, FLORIDA 32025

City/State and Zip Code

CUSTOMCUTSCONSTRUCTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

CHRIS M LONG

386 614-2413
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

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CUSTOM CUTS CONSTRUCTION LLC

The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2016 and assigned
Florida document number L16000092389

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

CUSTOM CUTS CONSTRUCTION LLC

2560.NW CR 340

BELL, FLORIDA 32619

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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TALLAHASSEE, FLORIDA
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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	CLIFFORD L GAMEL II	1366 SE BAYA DR	<input type="checkbox"/> Add
		LAKE CITY, FLORIDA 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTE: CLIFFORD L. GAMEL III PASSED AWAY ON SEPTEMBER 23, 2016 IN LAKE CITY FLORIDA.

THE STATE FILE NUMBER OF THE DEATH CERTIFICATE NUMBER IS: 2016145368

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16 NOV - 7 PM 3:01
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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 65.0207 (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 11/2/16, _____

Chris M Long

Signature of a member or authorized representative of a member

Chris M Long

Typed or printed name of signer