

L16000118522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JOHN R. SAMAAN, P.A.

ATTORNEY AT LAW

WWW.SAMAAN-LAW.COM

JRS@SAMAAN-LAW.COM

ORANGE COUNTY

337 N. FERN CREEK AVENUE
ORLANDO, FLORIDA 32803
407.740.0500 - 407.893.8151 FAX

SEMINOLE COUNTY

1220 COMMERCE PARK DR., STE. 207
LONGWOOD, FLORIDA 32779
407.740.0500 - 407.893.8151 FAX

November 17, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Four Corners Air Conditioning, LLC., document number L16000118522

To Whom it May Concern,

Enclosed please find the Articles Of Amendment to Articles of Organization of Four Corners Air Conditioning, LLC. along with the appropriate filing fees (\$60.00 for Amendment). Please return the Certificate of Status and certified copy to:

James Saunders
Four Corners Air Conditioning, LLC
8765 Cherokee Trail
Kissimmee, Florida 34747

If you have any questions about the foregoing, please call me at (407) 740-0500.

Sincerely,



John R. Samaan

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Four Corners Air Conditioning, 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:

James Saunders

Name of Person

Four Corners Air Conditioning, LLC

Firm/Company

8765 Cherokee Trail

Address

Kissimmee, Florida 34747

City/State and Zip Code

jsaunders74@gmail.com

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

For further information concerning this matter, please call:

John R. Samaan

407

740-0500

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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ds.)

(Name of the Limited Liability Company as it now appears on our records.)
(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>
AMBR	Andres Mejia	8765 Cherokee Trail	<input checked="" type="checkbox"/> Add
		Kissimmee, Florida 34747	<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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Company's ownership is vested in the Managers as follows: 90% James Saunders and 10% Andres Mejia.

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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 November 10, 2016

J. Sandberg

Signature of a member or authorized representative of a member

James Saunders

Typed or printed name of signee