

L16000136447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

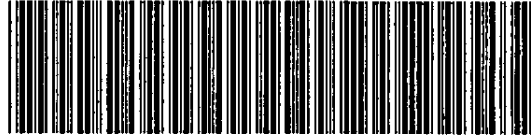
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 15 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maynard Home & Outdoors

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:

Elvie Maynard

Name of Person

Maynard Home & Outdoors

Firm/Company

2616 columbine dr n

Address

Jacksonville

City/State and Zip Code

Shepherd0404@gmail.com

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

For further information concerning this matter, please call:

Elvie Maynard

904
at ()

548-8072

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$25.00 Filing Fee~~

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

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>
Owner	Elvie Maynard	2616 Columbine Dr. N Jacksonville	☒ Add
			☐ Remove
			☐ Change
AP	Melissa -Disciascio-Maynard	2616 columbine dr n Jacksonville ,	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

2015-03-12 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: 7/20/2016 (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 08/09/2016


Signature of a member

Signature of a member or authorized representative of a member

Elvie Maynard

Typed or printed name of signee

FILED
JUN 12 1961
SECRETARY OF STATE
TALLAHASSEE, FLORIDA