

46000 146 73!

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

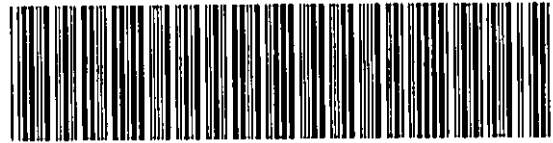
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 05 2018

n. BRUCE
JAN 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VS Custom Remodeling Services 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:

Volodymyr Tymchenko

Name of Person

VS Custom Remodeling LLC

Firm/Company

3050 Garfield Street

Address

Hollywood, FL 33021

City/State and Zip Code

valdaistar1@gmail.com

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

For further information concerning this matter, please call:

Volodymyr Tymchenko

305 290-9589

Name of Person

at (_____) _____

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

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2010 DEC 17 PM 2:30
TALLAHASSEE, FL
CLERK OF COURT

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>
MGR	Tetiana Rebeniuk	1600 Tallwood Avenue, apt.306, Hollywood, FL 33021	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 DEC 17 PM 2:00
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12/17/18 BY 60322 UCBAW

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

2018 DEC 17 PM 2:30
FILING
CLERK
STATE OF ILLINOIS

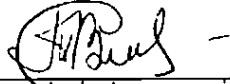
E. Effective date, if other than the date of filing: _____ (optional)

(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 December 12, 2018



Signature of a member or authorized representative of a member

Volodymyr Tymchenko

Typed or printed name of signee