

L16000176023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

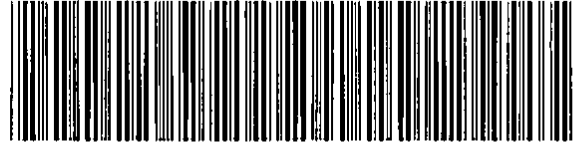
(Business Entity Name)

(Document Number)

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2021 DEC 10 AM 10:06

2021 DEC 10 AM 10:15

ALLAHASSEE, ALA

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & D Interior Trim 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:

Dan Blair
Name of Person

D & D Interior Trim LLC
Firm/Company

2407 Monday Rd
Address

Tallahassee, FL 32301
City/State and Zip Code

dblair6971@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Blair at (850) 321-8975
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

D & D Interior Trim LLC

SECRETARY OF STATE

TALL

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>
Ambr	Clayton Levi Hosey	2407 Monday Rd	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Thomas Spears	2407 Monday Rd	<input type="checkbox"/> Add
		Thalla hassee, FL 32301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Thomas Shears	2407 Monday Rd	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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 12-10, 2021

B

Signature of a member or authorized representative of a member

Daniel Blair

Typed or printed name of signee

Filing Fee: \$25.00