

L160000184100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

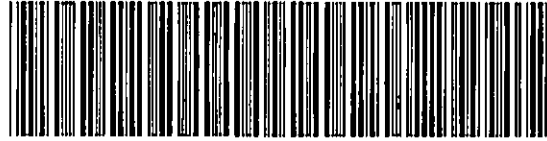
(Business Entity Name)

(Document Number)

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Amend

DEC 12 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SASH + SILL 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:

TODD HOCH
Name of Person

SASH + SILL LLC
Firm/Company

1167 Sarasota Center Blvd
Address

Sarasota, FL 34240
City/State and Zip Code

thoch@sashandsill.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD HOCH at (813) 482-6188
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

SASH + STILL LLC

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	TODD HOCH	2423 Marton Oak Blvd	<input type="checkbox"/> Add
		North Port, FL 34289	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	Felix Rodriguez	12246 Foxmoor Park Dr	<input type="checkbox"/> Add
		Riverview, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Al Salazar	5776 Nannyberry Circle	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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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 14th. 2019

7th 18

Signature of a member or authorized representative of a member

TODA HOCK

Typed or printed name of signee