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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 30 AM 11:10

N COOPER

SEP 06 2018

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **IDEAL CONSTRUCTION SERVICES LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

**KRISTY L BROWN**

\_\_\_\_\_  
Name of Person

**IDEAL CONSTRUCTION SERVICES LLC**

\_\_\_\_\_  
Firm/Company

**6504 3RD ST CT WEST**

\_\_\_\_\_  
Address

**BRADENTON, FL 34207**

\_\_\_\_\_  
City/State and Zip Code

**idealconstructionsvc@gmail.com**

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

**KRISTY L BROWN**

**941**

**226-3339**

\_\_\_\_\_  
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

IDEAL CONSTRUCTION SERVICES 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	KRISTY L BROWN	6504 3RD ST CT WEST BRADENTON, FL 34207	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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NEED TO AMEND MANAGER TITLE TO MGR FROM AR

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 AUG 30 AM 11:09

(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)

(b) The 90th day after the record is filed.

Dated August, 29 2018

Kristy A. Brauer  
Signature of a member of the

Signature of a member or authorized representative of a member

KRISTY L BROWN

\_\_\_\_\_  
Typed or printed name of signee