

L17000072549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

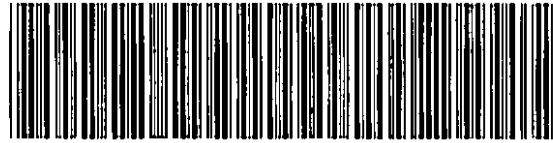
(Business Entity Name)

(Document Number)

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J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALL SEASONS RENOVATIONS, 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:

NATHAN TYLER HENRIQUES

Name of Person

ALL SEASONS RENOVATIONS, LLC

Firm/Company

551 HUFFSTETLER DR, STE 2301

Address

EUSTIS, FL 32726

City/State and Zip Code

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

For further information concerning this matter, please call:

NATHAN TYLER HENRIQUES

at ( 617 ) 780-4690

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

## 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>                      |
|--------------|--------------------------|-----------------------------|--|
| OMT          | HENRIQUES, LUIS          | 551 HUFFSTETLET DR, STE 230 | <input type="checkbox"/> Add               |
|              |                          | EUSTIS, FL 32726            | <input checked="" type="checkbox"/> Remove |
|              |                          |                             | <input type="checkbox"/> Change            |
| OMT          | HENRIQUES, SHANIA CELINE | 551 HUFFSTETLER DR, ETE 230 | <input checked="" type="checkbox"/> Add    |
|              |                          | EUSTIS, FL 32726            | <input type="checkbox"/> Remove            |
|              |                          |                             | <input type="checkbox"/> Change            |
|              |                          |                             | <input type="checkbox"/> Add               |
|              |                          |                             | <input type="checkbox"/> Remove            |
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|              |                          |                             | <input type="checkbox"/> Change            |

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TALLAHASSEE FL 32309  
CLERK OF CIRCUIT COURT

**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:** \_\_\_\_\_ (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 \_\_\_\_\_, \_\_\_\_\_.



725

Signature of a member or authorized representative of a member

NATHAN TYLER HENRIQUES

Typed or printed name of signee

STATE OF FLORIDA  
TALLAHASSEE

2017 JUL 31 AM 10:16

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