

L17000082027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

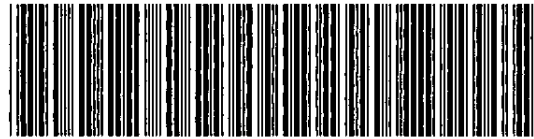
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN -9 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN BATHTUB RESURFACING, 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:

michael levine

Name of Person

American Bathtub Resurfacing, LLC

Firm/Company

3046 Sunrise Blvd

Address

Ft Pierce, FL 34982

City/State and Zip Code

quickbathtubs@gmail.com

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

For further information concerning this matter, please call:

michael levine

772 882-5679
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Michelle J levine		<input type="checkbox"/> Add
		3046 Sunrise Blvd, Ft Pierce FL 34	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael R Levine	3046 Sunrise Blvd, Ft Pierce FL 34	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE ARE REMOVING MICHELLE J LEVINE AS AMBR.

WE ARE ADDING MICHAEL R LEVINE AS AN AMBR AND LEAVING HIM AS THE MANAGER TOO.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 05-31-2017 **(optional)**

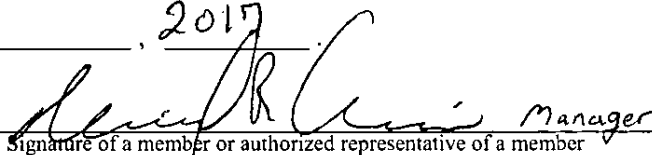
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/31, 2017


Signature of a member or authorized representative of a member

Michael R Levine


Typed or printed name of signee