

L17000 122914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

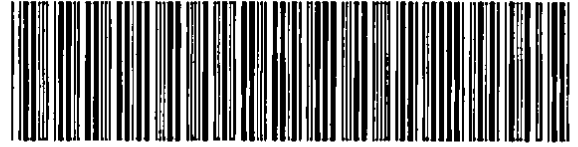
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/19--01007--005 **25.00

2019 JUL 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SWORDFISH CONSTRUCTION LLC
SUBJECT: _____

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:

ENRIQUE MARINA III

Name of Person

SWORDFISH CONSTRUCTION LLC

Firm/Company

10155 FIKKEMA AVE

Address

HASTINGS FL 32145

City/State and Zip Code

HENRYMARINA05@GMAIL.COM

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

For further information concerning this matter, please call:

ENRIQUE MARINA III

904 440-6219

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)

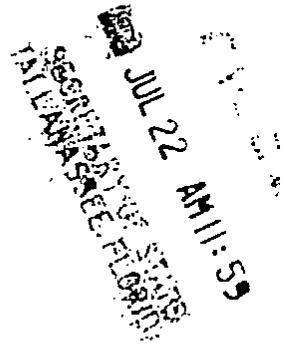
☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



150 JUL 22 11:59
RECEIVED
FALL ARMY
AND ASSIGNED
OFFICE

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

Florida document number L17000122914

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

RALPH STANFORD

10155 FIKKEMA AVE

HASTINGS FL 32145

Enter new mailing address, if applicable:

BRANDON DAVIS MCELWEE

10155 FIKKEMA AVE

HASTINGS FL 32145

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

Civ

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>
MGR	RALPH STANFORD	10155 FIKKEMA AVE	<input checked="" type="checkbox"/> Add
		HASTINGS FL 32145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANDON DAVIS MCELWEE	10155 FIKKEMA AVE	<input checked="" type="checkbox"/> Add
		HASTINGS FL 32145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.


Signature of a member or authorized representative of a member

Typed or printed name of signee