

L17 0001491091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

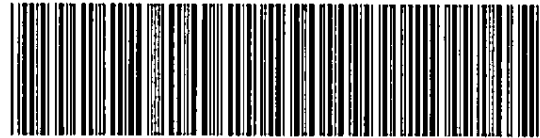
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 1 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.R. Williams A.R. Conditioning, 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:

Adam Rehm
Name of Person

A.R. Williams A.R. Conditioning, LLC
Firm/Company

917 N Flagler Dr.
Address

West Palm Beach FL 33401
City/State and Zip Code

arwilliams@adigma1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Rehm at (561) 660-1073
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL 32301
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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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

A.R. Williams A.R. Conditioning, 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>
AR	Adam Behm	917 N Flagler Dr.	<input type="checkbox"/> Add
		West Palm Beach FL 33401	<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
			<input type="checkbox"/> Remove
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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.

Dated January 22 . 2018 .


Signature of a member or authorized representative of a member

Adam Rehman

Filing Fee: \$25.00