

617000149410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

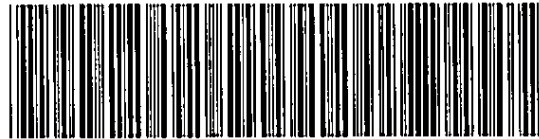
(Document Number)

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Office Use Only

*[Signature]*



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22 SEP - 1 PM 2:10  
Filing Station  
Division of Corporation

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** James Harris Drywall, 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:

James Harris

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

James Harris Drywall, LLC

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

6505 SE Hwy 42

\_\_\_\_\_  
Address

Summerfield, FL 34491

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

jhdrywall3@gmail.com

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

For further information concerning this matter, please call:

Michelle Harris

352 427-8081  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP - 1 PM 2:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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	Michelle Harris	6505 SE Hwy 42 Summerfield, FL 34491	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 SEP - 3 PM 2:10  
DIVISION OF CONFECTION  
STAFF

22 SEP - 1 PM 2:11

22 SEP -1 PM 2:11

Division of Organization

**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.

Dated August 29, 2022

Signature of a member or author

Signature of a member or authorized representative of a member

James Harris

Typed or printed name of signee