

L17000200552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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17 NOV -8 PM 3:05

DIVISION 3

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O CLERK/ONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Moore Roofing/Cera Restoration, 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:

Chris Lenahan

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

Cera Restoration

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

1423 Wright Boulevard

\_\_\_\_\_  
Address

Schaumburg, IL 60193

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

karag@ceraconstruction.com

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

For further information concerning this matter, please call:

Chris Lenahan

630 277-0160  
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

## 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>
MGR	Christopher Lenahan	817 Morse Avenue Schaumburg, IL 60196	<input 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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17 NOV - 8 34 AM '05  
DIVISION OF  
REGISTRATION

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17 NOV -8 PM 3:03  
RECEIVED

17 NOV -8 PM 3:05

77-100

(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.

Dated 11/6/17 \_\_\_\_\_.

1/6/17



Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Christopher Lenahan

Typed or printed name of signee