

L17000214718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

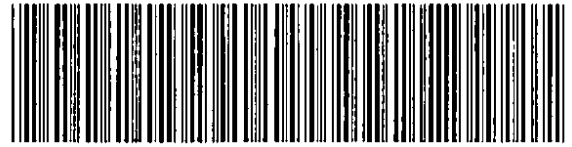
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shutters of South Florida, 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:

Vincent Arersa  
Name of Person  
Shutters of South Florida  
Firm/Company  
5359 N. Nob Hill Rd  
Address  
Sunrise, FL 33351  
City/State and Zip Code  
toniannedis@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonianne Donato at 954 605-4175  
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

Shutters of South Florida, LLC  
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 10/17/2017 and assigned  
Florida document number 417000214718

**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	Aversa, Vincent	5359 N. Nob Hill Rd	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Behm	5359 N Nob Hill Rd	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jake Parcheta	5359 N Nob Hill Rd	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2023 JUL 11 PM 5:08  
SECRETARY OF FLORIDA  
TALLAHASSEE

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**E. 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.

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

July 5, 2023

Signature of a member or authorized representative of a member

Vincent AverSa

Typed or printed name of signee

**Filing Fee: \$25.00**