L180000052744

| (Ř | equestor's Name) | | | | |
|---|---------------------|-------------------|--|--|--|
| | | | | | |
| (Ac | ddress) | _ | | | |
| | | | | | |
| | ddress) | | | | |
| ` | , | | | | |
| | ty/State/Zip/Phone | . (1) | | | |
| (0) | ty/State/Zip/Filone | , #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| | | | | | |
| (Bı | usiness Entity Nan | ne) | | | |
| | | | | | |
| (Do | ocument Number) | | | | |
| · | · | | | | |
| Certified Conies | Certificates | of Status | | | |
| Certified Copies Certificates of Status | | | | | |
| | | - | | | |
| Special Instructions to | Filing Officer: | | | | |
| | | | | | |
| | | f | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| L | | | | | |
| | | | | | |

Office Use Only



600428382886

04/23/24-101031--023 **25.00

| | | COVER LETT | ER | ſ |
|--|--|---|--------------------------------------|---|
| TO: Registration Se Division of Cor | | | | |
| SUBJECT: FAIR CO | ONTRACTOR LLC | | | [] |
| | | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | ļi. |
| Please return all correspo | ondence concerning this matter | to the following: | | ∫1 ℓ |
| | HECTOR DIAZ | | | |
| | | Name of Person | | |
| | FAIR CONTRACTOR | | | |
| | OOO AL AMANDA OT | Firm/Company | | |
| | 800 ALAMANDA CT | Address | | - , |
| | | Address | | |
| | PLANTATION, FL 33 | | | |
| | 0400 :: | City/State and Zip Cod | ie | |
| | hldm316@gmail.com | to be used for future annua | al remost notification) | - |
| For further information c | oncerning this matter, please c | | an report notification, | |
| HECTOR DIAZ | | at (954) 2 | 257-5076 | |
| Name o | f Person | Area Code | Daytime Teleph | one Number |
| Englaced is a short. Const. | C.Davidao manana | | | |
| Enclosed is a check for th | - | | 1 | |
| ☑ \$25,00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is e | 1 | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | | Address: | |
| Registration S | | | tration Section | |
| Division of C P.O. Box 632 | - | | on of Corporatio | |
| Tallahassee, I | | | entre of Tallaha. N. Monroe Stree | |
| i dinamoset, I | ~ | | nassee, FL 32803 | |

| If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being aque or removed from our records: | | | | | | |
|--|-------------------------|---------------------------------------|----------------|--|--|--|
| MGR = Mai AMBR = Aut | nager horized Member | | | | | |
| Title | <u>Name</u> | Address | Type of Action | | | |
| AMBR | HECTOR DIAZ | 800 ALAMANDA CT, PLANTATION, FL 33317 | _ 2 Add | | | |
| | | | □Remove | | | |
| | | | □Change | | | |
| | | | □Add | | | |
| | | | □Remove | | | |
| | | | □Change | | | |
| | | | □Add | | | |
| | | | □Remove | | | |
| | | | □Change | | | |
| | | <u> </u> ; | 🗆 Add | | | |
| | | | □Remove | | | |
| | | | □Change | | | |
| | | | □Add | | | |
| | | | □Remov | | | |
| | | | _ □Chang | | | |
| | | | □Add | | | |
| | | | □Remc | | | |
| | | | □Char | | | |
| | | 11 | | | | |