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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS

APR 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENERATE CONSTRUCTING ARCHITECTURE 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:

HOWARD P. ROSS, ESQ. B.C.S.

Name of Person

BATTAGLIA, ROSS, DICUS & MCQUAID, P.A.

Firm/Company

5858 CENTRAL AVENUE

Address

ST. PETERSBURG, FL 33707

City/State and Zip Code

HROSS@BRDWLAW.COM

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

For further information concerning this matter, please call:

HOWARD P. ROSS, ESQ. B.C.S.

at (727) 381-2300

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

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	JOY WATTERS DOUGLAS,A.I.A	1329 50TH AVE. NE,	<input checked="" type="checkbox"/> Add
		ST.PETERSBURG, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	GREG NORDBY	4709 OVERLOOK DR. NE,	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	JOY DOUGLAS	1329 50TH AVE.NE,	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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13
CLARK COUNTY OF FLORIDA
CLERK OF COURT

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 4/1/18, 2018

Signature of a member or authorized representative of a member

JILL NORDBY

Jill Nordby
Typed or printed name of signee