

L18000094238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

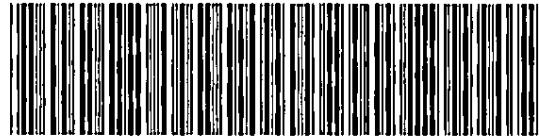
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400320495184

11/08/18--01023--001 **25.00

L13
11-27-18

FILED
2018 NOV -8 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISSION CONTRACTING 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:

DAVID MARTINS JR
Name of Person

MISSION CONTRACTING LLC
Firm/Company

3714 SHERERTZ RD
Address

LAKELAND, FL 33810
City/State and Zip Code

d.martins33@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MARTINS JR at (863) 450-9150
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2018 NOV -8 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FL

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>
AMBR	DAVID MARTINS JR	3714 SHERBETZ RD	<input type="checkbox"/> Add
		LAKELAND, FL. 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ELIZABETH MARTINS	3714 SHERBETZ RD	<input type="checkbox"/> Add
		LAKELAND, FL. 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNETH SENECHAL	3853 Sleepy Hill	<input checked="" type="checkbox"/> Add
		oaks Loop	<input type="checkbox"/> Remove
		Lake land FL 33810	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.


Signature of a member or authorized representative of a member

David Martins Jr.
Typed or printed name of signee