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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

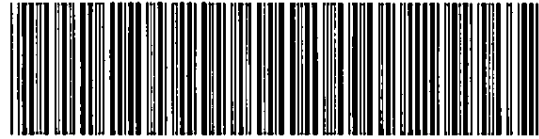
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL -9 AM 9:08

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JUL 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLARK ELECTRIC & PLUMBING 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:

Kennya Vieira

Name of Person

CLARK ELECTRIC & PLUMBING LLC

Firm/Company

8015 INTERNATIONAL DR 129

Address

ORLANDO, FL 32819

City/State and Zip Code

ClarkElectric@gmx.com

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

For further information concerning this matter, please call:

Kennya Vieira

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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	Kennya Vieira	8015 INTERNATIONAL DR 129	<input type="checkbox"/> Add
		ORLAND, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexandre Vieira	8015 INTERNATIONAL DR 129	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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18 JUL -9 AM 9 08

SECRETARY OF THE ARMY
DIVISION OF INVESTIGATION
18 JUL -9 AM 9 08

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.

Dated 07/05 2018


Signature of a member or authorized representative of a member

Kennya Vieira
Typed or printed name of signee