

48000151604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

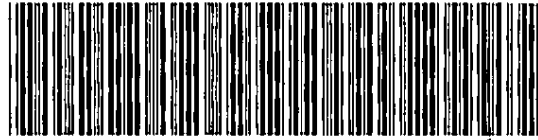
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900323778319

01/28/19--01012--023 **25.00

2019 JAN 28 PM 3:15
FEB 04 2019

FILED

D. BRUCE
FEB 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artisans Custom Homes 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:

Amber Todd
Name of Person

Artisans Custom Homes LLC
Firm/Company

18501 Green Meadow Rd.
Address

Fort Myers FL 33913
City/State and Zip Code

Accounting@artisanscabinetry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Todd at (239) 872-9844
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

2019 JAN 28 PM 3:15

FILED

Artisans Custom Homes, LLC

Page 1 of 3

FILED
2019 JAN 28 PM 3:15
Zip Code

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	Vito Ciaramitaro	21446 Sheridan Run	<input type="checkbox"/> Add
		Estero FL 33928	<input checked="" 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
			<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

2018 JAN 28 PM 3:16
FILED

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

100

2019 JAN 28 PM 3:15

77

F. Effective date, if other than the date of filing: 1/25/19 (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 Jan 25 . 2019

Amber A. Sodd
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Amber A Todd

Typed or printed name of signee