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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 16 AM 8:56

N COOPER

AUG 21 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SAT Industrial Supplies & Solutions

**SUBJECT:** \_\_\_\_\_  
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:

Kevin Tyrrell

\_\_\_\_\_  
Name of Person

SAT Industrial Supplies & Solutions

\_\_\_\_\_  
Firm/Company

405 1st Ave SE

\_\_\_\_\_  
Address

Lutz, FL 33549

\_\_\_\_\_  
City/State and Zip Code

kevin@satindustrialsolutions.com

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

For further information concerning this matter, please call:

Kevin Tyrrell

352

457-1979

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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	SANDRA ATILES-TYRRELL	405 1st Ave SE, Lutz, FL 33549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Just fix spelling - two R's in name	<input checked="" type="checkbox"/> Change
MGR	SANDRA M TYRRELL	NAME & SPELLING WRONG	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN L TYRRELL	405 1st Ave SE, Lutz, FL 33549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Just fix spelling - two R's in name	<input checked="" type="checkbox"/> Change
MGR	KEVIN L TYRELL	NAME & SPELLING WRONG	<input type="checkbox"/> Add
			<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

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

JUST NEED SANDRA NAME/SPELLING ERRORS CORRECTED

18 AUG 15 AM 8:56

SECRETARY OF STATE  
DIVISION OF CORPORATION

**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 AUGUST 13TH

2018



KEVIN L. TYRRELL

Typed or printed name of signee