

L19000003977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 MAR -4 PM 2:43
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FALL ASSOCIATION

MAR 11 2019

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COVER LETTER

Registration Section
Division of Corporations

1: Daniel Mann Home Improvements LLC
Name of Limited Liability Company

2018 MAR -4 PM 2:43
FALLS A SEC 1000000

used Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

Daniel Mann
Name of Person

Daniel Mann Home Improvements LLC
Firm/Company

2945 Summerwinds Cir
Address

St. Cloud FL 34769
City/State and Zip Code

Dmann12345@gmail.com
E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

iel Mann at (321) 337-5731
Name of Person Area Code Daytime Telephone Number

d is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 MAR -4 PM 2:43
RECEIVED
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

Daniel Mann Home Improvements LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on _____ and assigned
document number _____.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2945 Summerwinds Cir
St. Cloud FL 34769

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2945 Summerwinds Cir
St. Cloud FL 34769

When amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
ed from our records:

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Daniel Mann</u>	<u>2945 Summerwind Cir</u>	<input checked="" type="checkbox"/> Add
	<u>St. Cloud FL 34769</u>	<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
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

Effective date, if other than the date of filing: _____ (optional)

If the 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member'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:
the 90th day after the record is filed.

2/24/2014

Daniel R Mann Jr
Signature of a member or authorized representative of a member

Daniel R Mann Jr
Typed or printed name of signee