

L19 0000 25692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

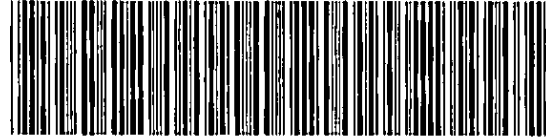
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/19--01035--023 **25.00

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MAY 28 2019

FILED

2019 MAY 28 AM 7:54

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Amend

JUN 11 2019

1 ALBERTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Double Barrel Erections 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:

Johnny Mac Benefield
Name of Person

Double Barrel Erections LLC
Firm/Company

35773643 SW State Road 121
Address

Worthington Springs, FL 32054
City/State and Zip Code

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

For further information concerning this matter, please call:

Johnny Benefield at (904) 263-9988
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	Johnny Kirsten	8209 NW 290 th Ave	<input type="checkbox"/> Add
		Alachua, FL 32615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Jennifer Forsgren	13123 SW 76 th Street	<input checked="" type="checkbox"/> Add
		lake Butler, FL 32054	<input type="checkbox"/> Remove
		(386) 288-8947	<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.

Dated 5-13, 2019


Signature of a member or authorized representative of a member

Johnny Mac Benefield
Typed or printed name of signer