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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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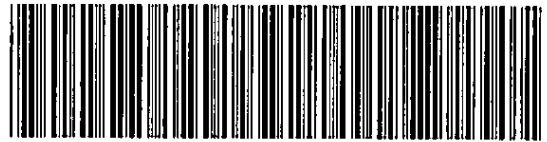
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 30 AM 11:35

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JUN 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE VERSABOARD 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:

ADAM HILL

Name of Person

THE VERSABOARD LLC

Firm/Company

1720 SHADY LEAF DRIVE

Address

VALRICO, FL 33596

City/State and Zip Code

coachadamhill@gmail.com

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

For further information concerning this matter, please call:

ADAM HILL

304 412-3582

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

Page 1 of 3

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>
AMBR	ADAM HILL	1720 SHADY LEAF DR VALRICO, FL 33596	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERIC LARSEN		<input type="checkbox"/> Add
		505 VINTAGE WAY BRANDON, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	GRETТА HILL	1720 SHADY LEAF DR VALRICO, FL 33596	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 5/28/19 . 20

9/28/19
A. J. H. H.

Signature of a member or authorized representative of a member

ADAM HILL

Typed or printed name of signee