

L19000051881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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06/27/19--01009--006 **25.00

2019 JUL 27 12 12:59

JUL 11 2019
T. L. L. L. L.

Woodpecker Custom Services, L.L.C.
Wyatt, Griffin & Robert Francis
4743 Adderton Ave
North Port, FL 34288
941-258-5451

To Whom it may concern,

Please accept our request to amend the Articles of Incorporation for Woodpecker Custom Services, L.L.C. with our only outcome being to add Robert Francis as a Manager.

If you have any questions or concerns, please feel free to contact us anytime.

Thank you for your attention to this matter.

Woodpecker Custom Services, L.L.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodpecker Custom Services L.L.C.
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:

Robert S. Francis JR.
Name of Person

Woodpecker Custom Services L.L.C.
Firm/Company

4743 Adderton Ave
Address

North Port, Florida 34288
City/State and Zip Code

RFrancis7734@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert S. Francis JR at (941) 258-5451
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

TO

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

(A Florida Limited Liability Company)

239 JUL 27 P 12:59

2/21/19

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

I hereby 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 accept 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.

Page 1 of 3

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Robert S Francis JR	4743 Adderton Ave	<input checked="" type="checkbox"/> Add
		North Port, FL 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 605.02

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed : 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
(b) The 90th day after the record is filed.

Dated

6/24/19

Wyatt P. Francis

Signature of a member or authorized representative of a member

Wyatt Francis

Typed or printed name of signee