

L19000 095 076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

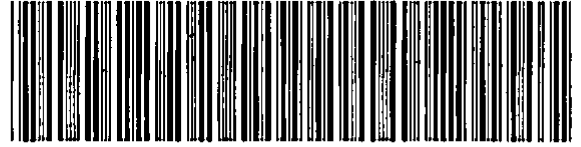
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 22 AM 9:17

ST. LOUIS, MO
FALL 2019

Y. SULKER

AUG 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERITEX CONSTRUCTION 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:

DANIEL PEREZ

Name of Person

Firm/Company

1119 FAIRY AVE

Address

PANAMA CITY, FLORIDA 32401

City/State and Zip Code

AMERITEXCONSTRUCTION@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL PEREZ

346

715-1661

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>
AP	MURRAY, MEGAN	1714 W 23RD ST	<input type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	PEREZ, DANIEL	1119 FAIRY AVE	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FLORIDA 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

PLEASE REMOVE MEGAN MURRAY AND MAKE DANIEL PEREZ AN AUTHORIZED MEMBER AND

HIS TITLE IS PRESIDENT. THANK YOU!

08/17/2019

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

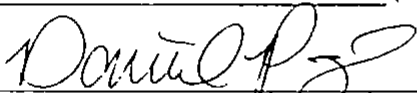
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 08/17, 2019



Signature of a member or authorized representative of a member

Daniel Perez

Typed or printed name of signee