

L19 000 101 110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

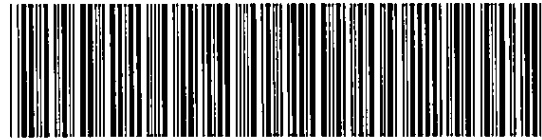
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY -2 PM 6:17
TALLAHASSEE, FLORIDA

MAY 14 2019

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LESLIE'S PAINTING 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:

LESLIE GASKINS

Name of Person

Firm/Company

4383 SHELL LANDING

Address

VERNON, FL 32462

City/State and Zip Code

FRIENDLYCORPORATEFILING@GMAIL.COM

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

For further information concerning this matter, please call:

LESLIE GASKINS

832

318-2410

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

Over →

→ over.

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	WILLIAM WOODSON	4383 SHELL LANDING	<input checked="" type="checkbox"/> Add
		AVERNON FL 32462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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mwr



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

ADD

[illegible]

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 04/30/2019

2019

Signature of a member or authorized representative of a member

LESLIE GASKINS

Typed or printed name of signee