

L19 000184 719

(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



300344575123

05/13/20--01021--024 \*\*25.00

2020 MAY 13 PM 3:17

610

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIN REED 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:

Mary Anne Ruisi

\_\_\_\_\_  
Name of Person

Robertson Construction Services, Inc

\_\_\_\_\_  
Firm/Company

5575 A1A S.

\_\_\_\_\_  
Address

St Augustine, FL 32080

\_\_\_\_\_  
City/State and Zip Code

maryanne@robertsoncsi.com

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

For further information concerning this matter, please call:

Mary Anne Ruisi

904 853-2612  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 32

2020 FRI 13 PM 3:17

•

This amendment is submitted to amend the following:

\_\_\_\_\_

---

Benjamin Reed

700 W. Pope Rd H#67

St Augustine Fl 32080

---

\_\_\_\_\_

Civ

Zip Code

---

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         | Benjamin Shawn Reed | 700 W. Pope Rd #H62, St Augustine, FL 32080 | <input checked="" type="checkbox"/> Add |
|              |                     |   | <input type="checkbox"/> Remove         |
|              |                     |   | <input type="checkbox"/> Change         |
| AMBR         | George Surrency     | 700 W. Pope Rd #H62, St Augustine, FL 32080 | <input checked="" 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         |
|              |                     |   | <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.

2020

Typed or printed name of signee