

L20 000393916

(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



400357494114

01/06/21--01013--005 **50.00

FILED
2021 JAN -6 PM 1:54

2/11/21
SA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4501 Cutlass LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Cecchi

Name of Person

Firm Company

13627 Golden Meadow Dr

Address

Plainfield, IL 60544

City/State and Zip Code

t@panamericanconstruction.com

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

For further information concerning this matter, please call.

Todd Cecchi

630

918-4964

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 Address:

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

4501 Cutlass LLC

If Changing Registered Agent, Signature of New Registered Agent

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	RITA ROSENBERGER	11238 VESSEY CIR	<input checked="" type="checkbox"/> Add
		BLOOMINGTON, MN 55437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAY ROSENBERGER	1105 BROOKVIEW DR	<input checked="" type="checkbox"/> Add
		ALTOONA, IA 50009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BECKY ROSENBERGER	1105 BROOKVIEW DR	<input checked="" type="checkbox"/> Add
		ALTOONA, IA 50009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGELA CECCHI	13627 GOLDEN MEADOW DR	<input checked="" type="checkbox"/> Add
		PLAINFIELD, IL 60544	<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

FILED
2021 JAN - 6 PM 1:54

[illegible]

2021 JAN -6 PM 1:54

FILED

(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.

Dated 12/31, 2020

Signature of a member or authorized representative of a member

TODD CECCHI MGR

Typed or printed name of signee

Filing Fee: \$25.00