

L21000031808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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2011-11-16 PM 3:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAUER241, 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:

JAROD FAUER

Name of Person

FAUER241, LLC

Firm/Company

18440 NE 21ST AVE

Address

NORTH MIAMI BEACH, FL 33179

City/State and Zip Code

djselect305@gmail.com

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

For further information concerning this matter, please call:

JAROD FAUER

786

586-3003

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

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	FAUER, JAROD W.	18440 NE 21ST AVE	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FAUER, LANCE M.	P.O. BOX 1755	<input type="checkbox"/> Add
		HALLANDALE, FL 33008	<input type="checkbox"/> Remove
			<input checked="" 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.

AUGUST 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00