

121000040846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

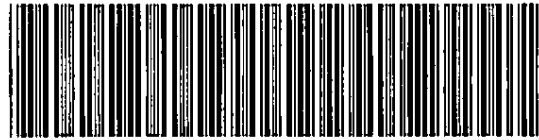
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H & W SUBCONTRACTING 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:

BRENDA CHAMBERS

Name of Person

CHAMBERS & ASSOCIATES

Firm/Company

603 N FERDON BLVD

Address

CRESTVIEW, FL 32536

City/State and Zip Code

BRENDA@CA-CRESTVIEW.COM

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

For further information concerning this matter, please call:

BRENDA CHAMBERS

850 398-8088

Name of Person

at (_____) _____
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

H & W SUBCONTRACTING 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>
MGRM	JIMMY D HENDERSON	409 WINGARD STREET	<input type="checkbox"/> Add
		CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JAYDEN D. HENDERSON	3170 CHESTNUT AVENUE	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32539	<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
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TALLAHASSEE, FLORIDA

(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.

Sister Williams
Signature of _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00