

L200049293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

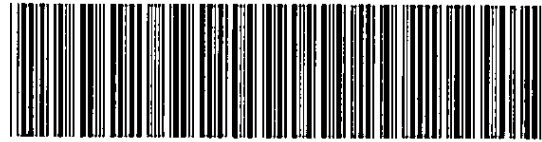
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 14 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HEELS & HAMMER CONSTRUCTION, 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:

SANDRA CHARPENTIER

Name of Person

HEELS & HAMMER CONSTRUCTION, LLC

Firm/Company

17520 PLACIDITY AVE

Address

CLERMONT, FL 34714

City/State and Zip Code

sandracharps@icloud.com

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

For further information concerning this matter, please call:

SANDRA CHARPENTIER

514

779-0485

Name of Person

at ( )

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

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TALLAHASSEE, FL

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**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	JUSTIN SIMARD	17520 PLACIDITY AVE	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNDYA SIMARD	17520 PLACIDITY AVE	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FL

(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 JULY 27 2021



Signature of a member or authorized representative of a member

SANDRA CHARPENTIER

Typed or printed name of signee