

L23000090807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

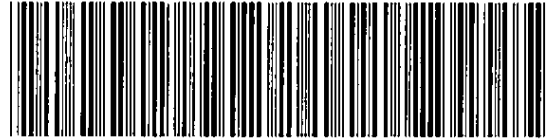
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/28--C1015--039 \$425.00

2023 OCT 31 PM 5:02
Filing Office

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Showers Fiberglass Solutions And Maintenance 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:

Kristina Showers
Name of Person

N/A
Firm/Company

2129 Sara Lynn Drive
Address

St. Augustine, FL 32084
City/State and Zip Code

Kristiashowers@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Showers at (904) 347-3551
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2023

KRISTINA SHOWERS
2129 SARA LYNN DRIVE
ST. AUGUSTINE, FL 32084

SUBJECT: SHOWERS FIBERGLASS SOLUTIONS AND MAINTENANCE LLC
Ref. Number: L23000090807

We have received your document for SHOWERS FIBERGLASS SOLUTIONS AND MAINTENANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 823A00024648

Showers Fiberglass Solutions And Maintenance 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>
MGR	David L. Showers	2129 Sara Lynn Drive	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
		changing name to match	<input checked="" type="checkbox"/> Change
		drivers license	
N/A	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Sub12 name record for manager contains
Sr. First listed MGR David L. Showers
is what matches his drivers license.
Amendment request is to ONLY
drop Sr. from name.

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FALL ARIZONA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 27 2023
10/27/23



Signature of a member or authorized representative of a member

N/A

Kristina Showers

Typed or printed name of signee

N/A