

L230000328614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

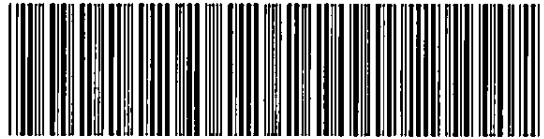
(Business Entity Name)

(Document Number)

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2024 JUL 22 PM 12:18
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CLERK OF SUPERIOR COURT
JUL 22 2024

A. PARISHANI

JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECONSTRUCTION EXPERTS FLORIDA, 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:

Stephany A. Hulstrom

Name of Person

Johns Lyng USA

Firm/Company

14142 DENVER WEST PKWY STE 190

Address

LAKEWOOD, CO 80401

City/State and Zip Code

Stephany.Hulstrom@johnslyng.com

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

For further information concerning this matter, please call:

Stephany A. Hulstrom

720 827-8367
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

2024 JUL 22 PM 12:18
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL 22 PM12:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
CEO	TYSON BARBER	14142 DENVER WEST PKWY STE 190 LAKEWOOD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	MITCHELL HANNON	14142 DENVER WEST PKWY STE 190 LAKEWOOD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CSO	ALISON KRONEBUSCH	14142 DENVER WEST PKWY STE 190 LAKEWOOD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRESIDENT	BRENT ADAMCZYK	14142 DENVER WEST PKWY STE 190 LAKEWOOD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
REMOVE	RICH WHITTEN	REMOVE	<input checked="" type="checkbox"/> Add
		REMOVE	<input type="checkbox"/> Remove
		REMOVE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL 22 PM 12:29
 AFFIDAVIT OF SERVICE
 DIVISION OF CONSUMER PROTECTION
 OFFICE OF THE ATTORNEY GENERAL

2024 JUL 22 PM12:25

(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.

Dated JULY 16, 2024

MITCHELL HANNON

Typed or printed name of signee