

L24000106971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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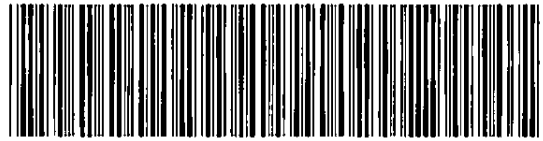
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRY TECH MOLD RESTORATION LLC ; Amended and Restated Articles of organization
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:

CODY MEADE

Name of Person

DRY TECH MOLD RESTORATION LLC

Firm/Company

965 MANOR DRIVE APT 12A

Address

PALM SPRINGS, FL 33461

City/State and Zip Code

DRYTECHMOLDRESTORATION@GMAIL.COM

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

For further information concerning this matter, please call:

LAUREN PAYNE

561 788-6314
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

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	CHANCE M MARDEN-RIZZO	5901 NE 18TH AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CHANCE M MARDEN-RIZZO	5901 NE 18TH AVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CODY M MEADE	965 MANOR DR. SUITE 12A	<input type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CODY M MEADE	965 MANOR DR. SUITE 12A	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<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

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

E. Effective date, if other than the date of filing: APRIL 22ND, 2024 (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 APRIL 16TH, 2024



Signature of a member or authorized representative of a member

LAUREN PAYNE

Typed or printed name of signee

LAUREN PAYNE

CONTACT:

(561) 788-6314

Return Address:

965 Manor Drive
APT 12A
Palm Springs, FL 33461

To whom it may concern,

This cover letter is to accompany the amendment form I completed to amend the Articles of Organization of a FL LLC, Dry Tech Mold Restoration LLC. I have provided my contact information and return address as requested.

Sincerely,

Lauren Payne

RECIPIENT:

Division of Corporations, P.O.
Box 6327
Tallahassee, FL 32314