

L24000285937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

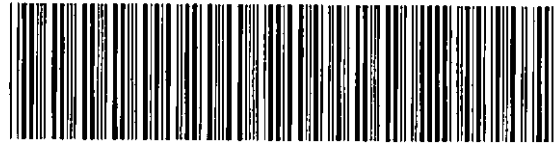
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

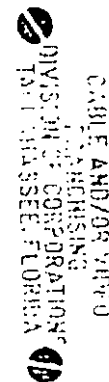
Free amendment due
to examiner error.
S.C. 06/27/24

Office Use Only



000425676100

S. CHATHAM
JUN 26 2024



2024 JUN 27 AM 12:20

FILED

Dana E. Lyndon
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2024 JUN 27 AM 12:22
CLERK AND/AS VICE
CLERK OF THE
DIVISION OF CORPORATE
TAXES
TREASURY

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

四三二一

2024 JUN 27 AM 12:21

CABLE AND ON TDEC
FINANCING
DIVISION OF CORPORATE
TREASURY
TALLAHASSEE, FLORIDA

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 June 27, 2024

Don G. Lusk

Signature of a member or authorized representative of a member

Damon Lattabee

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Larrabee Painting SWFL Division, 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:

Damon Larrabee

Name of Person

Larrabee Painting SWFL Division, LLC

Firm/Company

1250 Tennisplace Court, E33

Address

Sanibel, FL 33957

City/State and Zip Code

dlarrabeepainting@gmail.com

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

For further information concerning this matter, please call:

Damon Larrabee

at (607) 745-5535

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