

L24000411807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

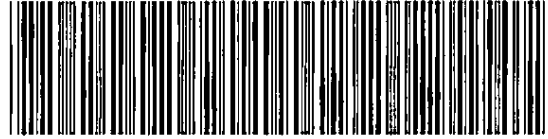
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/2/2024 11:00:00 AM

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC Hauling And Landscaping 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:

Joshua Wilson-Davis

Name of Person

MC Hauling And Landscaping LLC

Firm/Company

6756 Ashbury Dr

Address

Lakeland, FL 33809

City/State and Zip Code

mchaulingandrucking@gmail.com

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

For further information concerning this matter, please call:

Joshua Wilson-Davis

813

294-0035

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 OCT -2 PM 4:37
CLERK OF STATE
TALLAHASSEE, FL

FILED

FILED
JUN -2 PM 4:07
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK
New York, New York
U.S. Marshal
U.S. District Court
Southern District of New York
New York, New York

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>
AP	Joshua Wilson-Davis	6756 Ashbury Dr	<input type="checkbox"/> Add
		Lakeland, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Wilson-Davis	6756 Ashbury Dr	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024 OCT - 2 PM 12 38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

I accidentally put myself as AP instead of authorized member (AMBR).

So I was not able to open a bank account until that is changed.

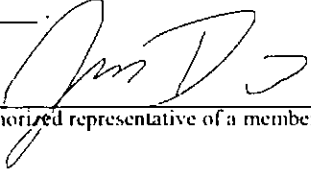
E. Effective date, if other than the date of filing: 9-25-2024 **(optional)**

(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 September 25th, 2024


Signature of a member or authorized representative of a member

Joshua Wilson-Davis

Typed or printed name of signer

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FL