

L16000124011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

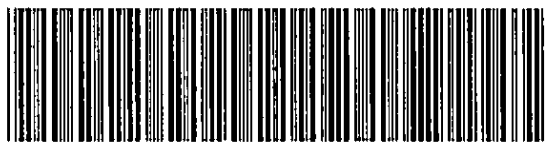
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/30/17--01019--022 **25.00

*JK
8/31/17*

FILED
17 AUG 30 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abel's Mobile Wash 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:

Abel Bonet
Name of Person
Abel's Mobile Wash LLC.
Firm/Company
25325 SW 129 pl. lot 770
Address
HOMESTEAD, FL. 33032
City/State and Zip Code
abonet86@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abel Bonet at (786) 775 3456
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Abel Bonet	25325 SW 129 pl. #720	<input type="checkbox"/> Add
		Homestead, Fl. 33032	<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
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			<input type="checkbox"/> Change

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

I ORIGINALLY FILED ONLINE & MY NAME APPEARS ON THE RECORDS AS - ABEL (A) BONET - I DO NOT HAVE A MIDDLE NAME & I DO NOT KNOW HOW THE A GOT THERE & IF THERE IS ANY WAY THAT THAT CAN BE FIXED & MY MONEY REFUNDED I WOULD GREATLY APPRECIATE IT, IF NOT THERE'S NOTHING I CAN DO & I THANK YOU FOR YOUR TIME -

I RECEIVED A CHECK & HAVE TO OPEN A BANK ACCT. BUT MY NAME ON THE SUNBIZ RECORDS DOES NOT MATCH MY I.D. SO I CANNOT CASH... PLEASE HELP.

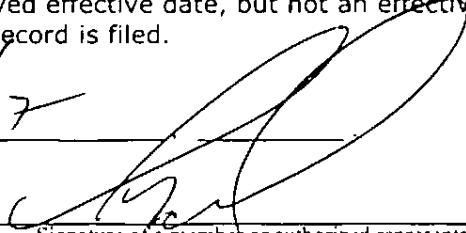
E. Effective date, if other than the date of filing: _____ (optional)

(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

8/26/17


Signature of a member or authorized representative of a member

Abel Bonet

Typed or printed name of signee

FILED
17 AUG 30 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA