

L18000138856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

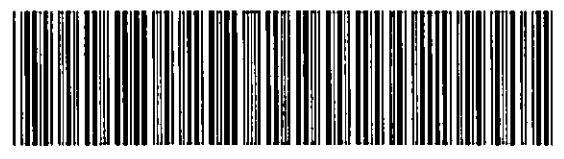
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N COOPER
JUL 19 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HOLLYS SERVICES 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:

Kelly DeValle

Name of Person

HOLLYS SERVICES LLC

Firm/Company

211 Southland Dr. Apt 1

Address

Fort Pierce Florida 34982

City/State and Zip Code

kellydelvalle18@gmail.com

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

For further information concerning this matter, please call:

Kelly Delvalle

Name of Person

at 772 ()

Area Code

834-6424

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 | Gomez Pro | 2706 s 26th St | <input checked="" type="checkbox"/> Add |
| | | Fort Pierce | <input type="checkbox"/> Remove |
| | | Florida 34981 | <input type="checkbox"/> Change |
| MGR | Jose Gomez | 2706 S 26th St | <input checked="" type="checkbox"/> Add |
| | | Fort Pierce | <input type="checkbox"/> Remove |
| | | Florida 34981 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 06/06/2018 (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 07/13/2018

Signature of a member or authorized representative of a member

Kelly Delvalle

Typed or printed name of signee