

L04000041191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

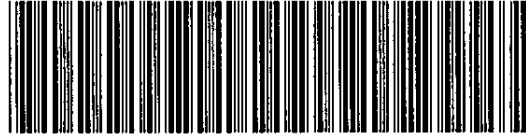
(Business Entity Name)

(Document Number)

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2015 AUG 4 11:50 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMY'S 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:

DENNIS G GRECULA

Name of Person

AMY'S SERVICES LLC

Firm/Company

PO BOX 9735

Address

TAMPA, FL 33674-9735

City/State and Zip Code

amyservicesllc@gmail.com

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

For further information concerning this matter, please call:

DENNIS G GRECULA

813 404-3521
at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

AMY'S SERVICES LLC

Page 1 of 3

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>
MGMR	MICHAEL A WATSON	6744 ANGUS VALLEY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	DENNIS G GRECULA	14007 FULLERTON DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	NEAL A HENEVELD	10114 WINSFORD OAK BLVD. #	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33624	<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

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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: 07/29/2015 (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 JULY 29 2015

Dennis S. Steele
Signature of a member or authorized representative of a member

DENNIS G GRECULA

Typed or printed name of signee