

LO6000065899

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

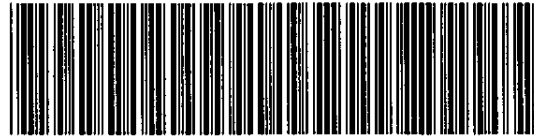
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

MAR 28 2014

D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Management and 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:

Roy S Shiver Jr.

Name of Person

Homestead Acres 866 LLC

Firm/Company

47 North Krome Avenue

Address

Homestead, FL 33030

City/State and Zip Code

Steve@shiver.com

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

For further information concerning this matter, please call:

Autumn Walker

Name of Person

at 786 581-5555

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

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## Global Management and Service LLC

Page 1 of 3



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

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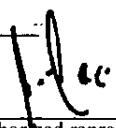
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 19th, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jose Camarillo

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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