

LOG 000046720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

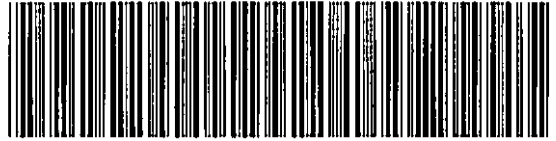
(Business Entity Name)

(Document Number)

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PAID  
2020 SEP 28 PM 7:37  
STATE OF ARIZONA  
TALLAHASSEE, FL

D. BRUCE  
NOV 03 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CENTRAL FLORIDA MAINTENANCE SOLUTIONS, 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:

DAVIDSON, KELLIE  
Name of Person  
CENTRAL FLORIDA MAINTENANCE SOLUTIONS, LLC  
Firm/Company  
5217 Tusawilla Dr  
Address  
Weeki Wachee, FL 34607  
City/State and Zip Code  
kelliedavidson@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Davidson at ( 352 ) 585-2123  
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)

2020 SEP 23 PM 7:37  
RECEIVED  
TALLAHASSEE  
DIVISION OF CORPORATIONS

**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



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>
AMBR	JAMES SETH DAVIDSON	14925 BUCZAK RD. BROOKSVILLE FL, 34614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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2020 SEP 28 8:17:07  
EQUIPMENT  
TALLahassee

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

Multiple horizontal lines for amending information.

2020 SEP 28 PM 7:57  
TALLAHASSEE  
REGISTRY

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 AUGUST 17, 2020

*Kellie M Davidson*  
Signature of a member or authorized representative of a member

KELLIE M. DAVIDSON

Typed or printed name of signee