

LOFO00058294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

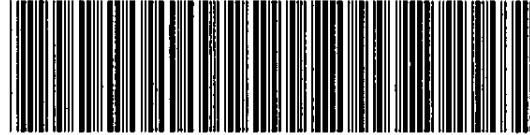
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800269708738

02/20/15--01021--011 \*\*25.00

FILED  
15 FEB 20 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers FEB 26 2015

## COVER LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Pollock Cleaning Service  
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:

Daron Pollock  
Name of Person

Pollock Cleaning Service  
Firm/Company

2854 N. Powers Dr. #101  
Address

Orlando, FL 32818  
City/State and Zip Code

DZellwood@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daron Pollock at (321) 460-4647  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Krystal L Allen	26520 Yalaha 12d Yalaha FL 34797	<input checked="" type="checkbox"/> Add
------	-----------------	----------------------------------	---

☐ Remove

Ambr	Barbara Pollock	Po box 1244 Zellwood FL 32798	<input checked="" type="checkbox"/> Add
------	-----------------	-------------------------------	---

☐ Remove

Ambr	Derrick Williams	1073 S Kirkman Rd #173 Orlando FL 32811	<input checked="" type="checkbox"/> Add
------	------------------	---	---

☐ Remove

Ambr	Sharon Pollock	Po box 205 Zellwood FL 32798	<input checked="" type="checkbox"/> Add
------	----------------	------------------------------	---

☐ Remove

Ambr	Brandon Pollock	Po box 205 Zellwood FL 32798	<input checked="" type="checkbox"/> Add
------	-----------------	------------------------------	---

☐ Remove

☐ Add

☐ Remove

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: \_\_\_\_\_ (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 2/18/15, 2015.

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

Davon Pollock

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

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 FEB 20 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA