

L13 0000 86517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

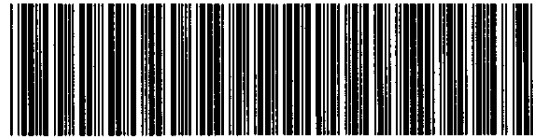
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 21 PM 12:36

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MAR 24 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 114 Urquhart, 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:

Kathlein Ambridge

Name of Person

Blissful Home Services, Inc.

Firm/Company

279 NE 2nd Ave.

Address

Delray Beach, FL 33444

City/State and Zip Code

teamambridge@gmail.com

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

For further information concerning this matter, please call:

Kathlein Ambridge

Name of Person

at ( 561 ) 330-6065

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

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TALLAHASSEE, FL 32304

114 Urquhart, LLC

Page 1 of 3

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>
MGRM	Joseph Feldkamp	279 NE 2nd Ave., Delray Beach, FL 33444	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Kathlein Ambridge	279 NE 2nd Ave., Delray Beach, FL 33444	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Blissful Home Services, Inc.	279 NE 2nd Ave., Delray Beach, FL 33444	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove

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STATE OF FLORIDA  
TALLAHASSEE

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

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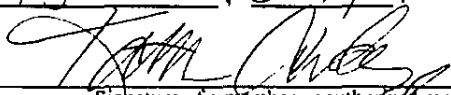
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

March 13, 2014



Signature of a member or authorized representative of a member

Kathleen Ambidge

Typed or printed name of signee