

U41000037161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

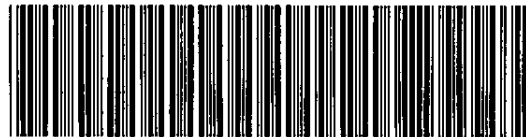
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE FLORIDA

NOV 10 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JORGE RAMIREZ LAWN CARE 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:

JORGE RAMIREZ

Name of Person

JORGE RAMIREZ LAWN CARE LLC

Firm/Company

2795 43RD AVE NE

Address

NAPLES FL 34120

City/State and Zip Code

alphaapsinc@gmail.com

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

For further information concerning this matter, please call:

JORGE RAMIREZ

239

at ( )

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE  
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

JORGE RAMIREZ LAWN CARE LLC

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

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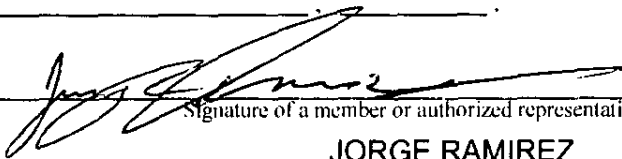
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 11/4 2014



Signature of a member or authorized representative of a member

JORGE RAMIREZ

Typed or printed name of signee

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Filing Fee: \$25.00

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