

#L14000054622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

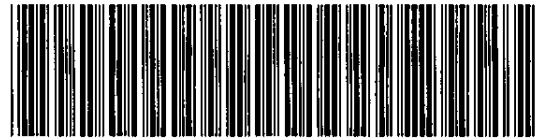
(Business Entity Name)

(Document Number)

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2014 JUL -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALLY
EXAMINER
JUL -8 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA BAY AREA CLEANING 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:

MONIKA DOME

Name of Person

Firm/Company

5470 E BUSCH BLVD #102

Address

TEMPLE TERRACE, FL 33617

City/State and Zip Code

monika.dome@gmail.com

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

For further information concerning this matter, please call:

MONIKA DOME

Name of Person

at **813 598-5233**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 JUL -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

TAMPA BAY AREA SERVICE LLC

5470 E BUSCH BLVD #102

TEMPLE TERRACE, FL 33617

5470 E BUSCH BLVD #102

TEMPLE TERRACE, FL 33617

Zip Code

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>
AMBR	SANDOR SZUCS	5004 E FOWLER AVE #208	<input type="checkbox"/> Add
		TAMPA, FL 33617	<input checked="" type="checkbox"/> Remove
MGR	MONIKA DOME	5004 E FOWLER AVE #208	<input type="checkbox"/> Add
		TAMPA, FL 33617	<input checked="" type="checkbox"/> Remove
AMBR	MONIKA DOME	5470 E BUSCH BLVD #102	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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 TEMPLE TERRACE, 06/24/2014



Signature of a member or authorized representative of a member

MONIKA DOME

Typed or printed name of signee