

L140000 65651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

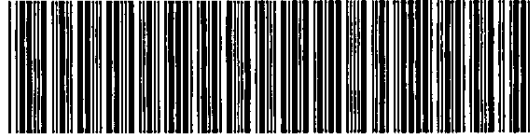
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 30 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENERAL PROPERTY MAINTENANCE 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:

FELIX BAEZ

Name of Person

GENERAL PROPERTY MAINTENANCE LLC.

Firm/Company

2710 DEL PRADO BLVD. #2-169

Address

CAPE CORAL, FL 33904

City/State and Zip Code

CP@SFGPM.COM

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

For further information concerning this matter, please call:

FELIX BAEZ

239 333-8007
at ()

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) |
|---|---|--|--|

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

Page 1 of 3

- 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	ADRIAN MADRIGAL	2630 MAPLE AVE APT#3	☒ Add
		FT. MYERS, FL 33901	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2015 OCT 20 PM 3:53

[illegible]

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.

Dated _____, _____, _____

[Handwritten signature]

Signature of a member or authorized representative of a member

FELIX BAEZ

Typed or printed name of signee

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STATE DEPT OF FLA
TALLAHASSEE FLORIDA