

L14000 120425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

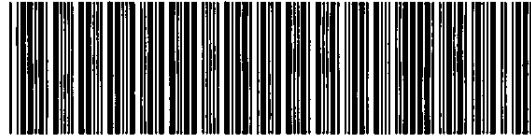
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Neyda's Cleaners 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:

Neyda Rivera
Name of Person

Neyda's ~~Spa~~ Cleaners LLC
Firm/Company

5501 university club Blvd N apt #244
Address

32277 Jay FL
City/State and Zip Code

Neyda rivera rodriguez @ Gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neyda Rivera at (904) 207-0953
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

Neyda's Cleaners LLC

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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>
MGR	Seguela Nicole M	5501 university club Blvd N	☐ Add
		apt 244 Jax FL 32277	☒ Remove
MGR	Rivera Nelyda I	5501 university club Blvd N	☒ Add
		apt 244 Jax FL 32277	☐ Remove
AMBR	Seguela Nicole M	5501 university club Blvd N	☒ Add
		apt 244 Jax FL 32277	☐ Remove
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SEP-2018

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 tiled date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/28/14, _____.

Weyda Rivera

Signature of a member or authorized representative of a member

Weyda Rivera

Typed or printed name of signee

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Filing Fee: \$25.00

14 SEP 2 PM 15