

#L14000121319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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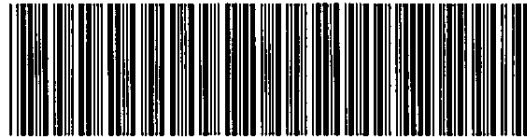
(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR - 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW BEGINNINGS SOLUTIONS 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:

Edwin Jimenez

Name of Person

NEW BEGINNINGS SOLUTIONS LLC

Firm/Company

2728 HOWLAND BLVD

Address

DELTONA Florida 32725

City/State and Zip Code

Jimenezedwin 67@yahoo-com

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

For further information concerning this matter, please call:

Edwin Jimenez

Name of Person

at (407)

Area Code

443-1976

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

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TALLAHASSEE, FLORIDA

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

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	IPOLITO MALDANADO	1165 MADURA DR- DELTONA DELTONA 32725	☒ Add
			☐ Remove
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TALLAHASSEE, FLORIDA

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 2/17/15

Edwin Jimenez

Signature of member or authorized representative of a member

Edwin Jimenez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA