

L15000008984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

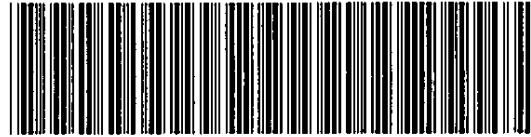
(Business Entity Name)

(Document Number)

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J. HARRIS

NO \$

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASAP VACANCY SPECIALISTS, 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:

ARCOMA BRICENO

Name of Person

ASAP VACANCY SPECIALISTS, LLC

Firm/Company

7512 DR PHILLIPS BLVD. SUITE 50-954

Address

ORLANDO, FL 32819

City/State and Zip Code

YOTTABAY@GMAIL.COM

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

For further information concerning this matter, please call:

ARCOMA BRICENO

Name of Person

at ( 971 )

Area Code

2218623

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

ARCOMA BRICENO  
7512 DR PHILLIPS BLVD SUITE 50-954  
ORLANDO, FL 32819

SUBJECT: ASAP VACANCY SPECIALISTS LLC  
Ref. Number: L15000008984

2016 SEP 30 PM 1:12  
TALLAHASSEE, FLORIDA

We have received your document for ASAP VACANCY SPECIALISTS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00019926

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DIVISION OF CORPORATIONS  
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**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>
MGMR	ARCOMA BRICENO DE LA VEC	8304 REVEILLE RD	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARCOMA LYNN BRICENO	8304 REVEILLE RD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	ARCOMA LYNN BRICENO	8304 REVEILLE RD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 9/12/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 12TH, 2016

Handwritten signature of Arcoma Lynn Briceno over a horizontal line.

Signature of a member or authorized representative of a member

ARCOMA LYNN BRICENO

Typed or printed name of signee

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