

1150000 84699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

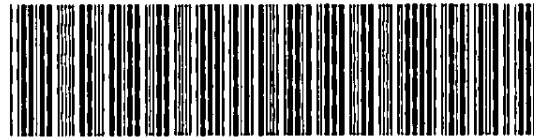
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

JAN 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTRYSIDE 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:

BRIAN CARNEY

Name of Person

COUNTRYSIDE PROPERTY MAINTENANCE, LLC

Firm/Company

1159 E Overdrive Circle

Address

Hernando, Florida 34442

City/State and Zip Code

BCarney@cpsweep.com

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

For further information concerning this matter, please call:

BRIAN CARNEY

352- 897-4803

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

COUNTRYSIDE PROPERTY MAINTENANCE, LLC

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>
MGR	JAMES MARTIN	2103 Coral Way, Suite 604	<input type="checkbox"/> Add
		Miami, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN CARNEY	1159 E Overdrive Circle	<input checked="" type="checkbox"/> Add
		Hernando, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

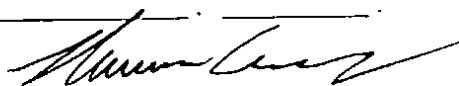
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E. Effective date, if other than the date of filing: 12/12/2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the 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 December 12 2019



Signature of a member or authorized representative of a member

Brian Carney

Typed or printed name of signer