

L1500090481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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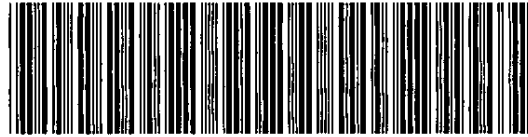
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ampm Domestic Concierge Services
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Maldonado
Name of Person

Ampm Domestic Concierge Services
Firm/Company

5594 Jonguil Circle #105
Address

NAPLES, FL 34109
City/State and Zip Code

AMP DCS@gmail.com
E-mail address: (to be used for future annual report notification)

2015 JUN 12 A 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Sherry Jones at (239) 357-7187
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: _____

Ampm Domestic Concierge Services

SECOND: The Florida Document number of the limited liability company is: 415000090681

THIRD: Document to be corrected is:

Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The correct Spelling should be
as follows

Ampm Domestic Concierge Services LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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TALLAHASSEE, FLORIDA

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OR



The electronic transmission of the record was defective.

Sherry Jones
Signature of Authorized Representative

6/8/15
Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)