

L15000180157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

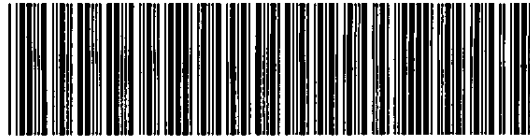
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2015 NOV 12 PM 12:24
SOUTHERN DISTRICT
FLORIDA

NOV 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN BLUE Carpet cleaning 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:

Maurice Jay
Name of Person

Ocean Blue Carpet cleaning LLC
Firm/Company

943 Ashley Lane "Unit F"
Address

Fort Walton bch. FL. 32547
City/State and Zip Code

~~Ocean Blue~~ @ Oceanblue272727@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurice Jay at (850) 240-3227
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

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>
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			<input type="checkbox"/> Add
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None

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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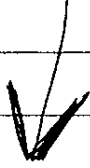
			<input type="checkbox"/> Remove
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2015 NOV 12 PM 12:24
FBI
INVESTIGATION
SECTION

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

None



E. Effective date, if other than the date of filing: ~~Jan. 1, 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 Mon. Nov. 2, 2015.

Maurice Jay

Signature of a member or authorized representative of a member

MAURICE JAY

Typed or printed name of signee

FILED
2015 NOV 12 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA