

4500195219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

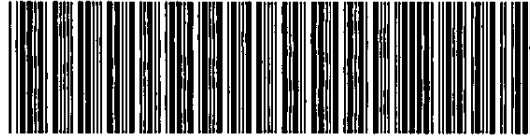
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1 Cleaning & Renovations
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:

Paula R. Brantley
Name of Person

A1 Cleaning & Renovations
Firm/Company

515 Seasons Ct
Address

Winter Springs FL 32708
City/State and Zip Code

A1cleaningandrenovations@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula R. Brantley at (321) 422-8429
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

AZ Cleaning & Renovations 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>
AMBR	Anthony M. Holmes	515 Seasons Ct Winter Spr	<input checked="" type="checkbox"/> Add FL. 32708
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Reginald R Brantley II	515 Seasons Ct Winter Springs	<input checked="" type="checkbox"/> Add FL. 32708
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated December 10, 2015.

Paula R. Brantley
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Paula R. Brantley

Typed or printed name of signee