

46000019561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

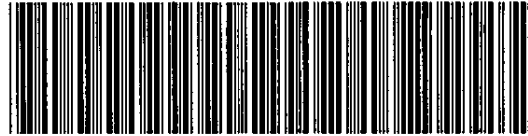
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600281508236

02/08/16--01004--009 **30.00

FEB 08 2016

S. YOUNG

FILED
16 FEB -5 PM 4:43
CLERK OF SUPERIOR COURT
JANUARY 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIRDIE'S HOUSE GROUP HOME 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:

Niece Jochims

Name of Person

Firm/Company

1762 72ND AVE NE

Address

SAINT PETERSBURG, FL 33702

City/State and Zip Code

bjoc8888@aol.com

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

For further information concerning this matter, please call:

Niece Jochims

at (727) 4332542

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

FILED
16 FEB -5 PM 4:45
TALLAHASSEE, FL
STATE

BIRDIE'S HOUSE GROUP HOME 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	Niece Jochims	1762 72ND AVE NE	☒ Add
		SAINT PETERSBURG, FL 33702	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 10/10/2018, _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Niece Jochims

Typed or printed name of signee

FILED

16	FEB - 5	PM 4:49
ST. LOUIS, MO.		