

216 0000 35084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

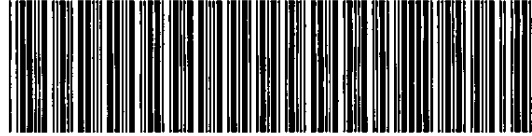
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 21 2018

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A+M Phlebotomy Services
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:

Alicia Malone
Name of Person

A+M Phlebotomy Services
Firm/Company

9288 W. ATLANTIC Blvd #107
Address

Cocoa Springs, FL 9 33071
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Malone at (754) 119-6802
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>
MGR	Alicia Malone	9288 W. Atlantic Blvd #1127 Coral Springs, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Alicia Malone	9288 W. Atlantic Blvd #1127 Coral Springs, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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COUNTY OF ST. LAZARE
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 TALLAHASSEE, FLORIDA

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

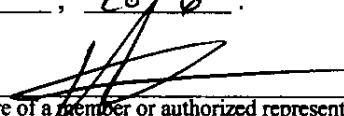
Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 6/13/16 (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 June 13, 2016, 2016.



Signature of a member or authorized representative of a member

Alicia Malone

Typed or printed name of signee