

# L16000052468

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

JAN 25 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT TOUCH PRESSURE WASHING L.L.C.

\_\_\_\_\_  
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:

JASON R. FARBERMAN

\_\_\_\_\_  
Name of Person

PERFECT TOUCH PRESSURE WASHING L.L.C.

\_\_\_\_\_  
Firm/Company

650 DIXON BLVD. APT. B-2

\_\_\_\_\_  
Address

COCOA, FL 32922

\_\_\_\_\_  
City/State and Zip Code

BUNNY47232@AOL.COM

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

For further information concerning this matter, please call:

JASON R. FARBERMAN

321

704-1856

at ( )

\_\_\_\_\_  
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

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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TAMARAC, FLORIDA

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

I AM ADDING LAWN CARE SERVICE TO MY CURRENT SERVICES.

I WILL CONTINUE TO DO PRESSURE WASHING.

MY SERVICES WILL NOW BE BOTH PRESSURE WASHING AND LAWN CARE.

**E. Effective date, if other than the date of filing: JANUARY 21, 2017 (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 1/19/17

Jason R. Farberman

Signature of a member or authorized representative of a member

JASON R. FARBERMAN

Typed or printed name of signee

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TALLAHASSEE FLORIDA