

L16000154240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

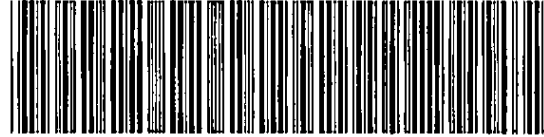
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

AUG 31 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.Y.J BRICK PAVERS 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:

LECIO DE PAULA

Name of Person

BRILLIANT TAX SERVICES CORP

Firm/Company

3050 ASHTON RD

Address

SARASOTA, FL 34276

City/State and Zip Code

brillianttaxservices@gmail.com

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

For further information concerning this matter, please call:

Lecio de Paula

941

815-8886

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

A.Y.J BRICK PAVERS LLC

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limited liability
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REGISTERED AGENT
HILLARY J. STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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	ANA C MAIMONI	1553 OAK PARK AVE	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA C FIGUEROE	1553 OAK PARK AVE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34237	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 08/22/ . 2017

Typed or printed name of signee

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