

L17000029180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

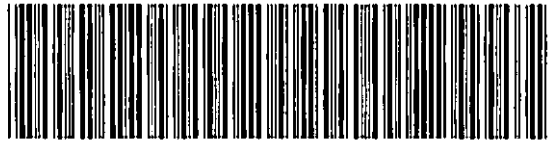
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/17/18--01018--017 **30.00

M. MILLIGAN
JAN 24 2019

FILED
2019 JAN 24 AM 10:11
CLERK OF STATE
TALLAHASSEE, FL 32301
2018 OCT 15 AM 10:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scottys' Residential Window & Screen Cleaning, 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:

Scott Fried

Name of Person

Scottys, LLC

Firm/Company

412 Big Tree Road

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

jfried2301@gmail.com

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

For further information concerning this matter, please call:

Joanne Fried

602 821-2718

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2018

SCOTT FRIED
SCOTTYS, LLC
412 BIG TREE ROAD
PONTE VEDRA BEACH, FL 32082

SUBJECT: SCOTTYS' RESIDENTIAL WINDOW & SCREEN CLEANING LLC
Ref. Number: L17000029180

We have received your document for SCOTTYS' RESIDENTIAL WINDOW & SCREEN CLEANING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 918A00022018

LM 11/17 Melanie Solomon @ doS.myFlorida.com
Placed

in mail

on

12/13

Spoke 1/23 Mel
to same person
from 1/17, she is
going to look at
Stacy's Desk to see
if it is there.
Suey has been
very ill.

www.sunbiz.org

FILED
2019 JAN 24 AM 10:11
SECRETARY OF STATE
TREASURER
101 N. MARKET ST. 6TH FL.
ANN ARBOR MI 48106-1701

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

~~Scottys, LLC~~ Scottys & Son, LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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 October 6, 2018

Scott Lind

Scott Fried

Typed or printed name of signee

ST. CECILIA'S CATHOLIC CHURCH

2019 JAN 24 AM 10:11