

L17000043809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

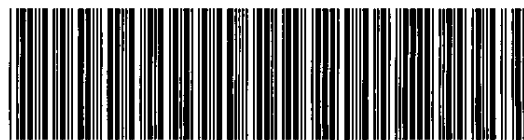
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY - 1 PM 01:29
TALLAHASSEE, FLORIDA

MAY 03 2017

Y SULKE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Works Maintenance 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:

David C Geisel

Name of Person

The Works Maintenance LLC.

Firm/Company

48 Westgrill Dr.

Address

Palm Coast FL. 32164

City/State and Zip Code

daveg33.dg@gmail.com

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

For further information concerning this matter, please call:

David C Geisel

386 225-6186

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

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>
AR	Thomas K Wagner	15 Winthrop Ln. Flagler Beach FL.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David C Geisel	48 Westgrill Dr. Palm Coast FL. 32	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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COMMERCE

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

17 MAY -1 PM 88
AT 1066-17 2160

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 April, 24 2017

Del. C. C.

Signature of a member or authorized representative of a member

DAVID C GEISEL

Typed or printed name of signee