

L17000133658

(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



000301232020

07/14/17--01022--013 **25.00

FILED

2017 JUL 14 P 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO LIMIT PREASSURE WASHERS CLEANING SERVICES 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:

WILFREDO T ORTIZ

Name of Person

NO LIMIT PREASSURE WASHERS CLEANING SERVICES LLC

Firm/Company

1819 SUNNYMRADE DR

Address

JACKSONVILLE FL 32211

City/State and Zip Code

111tax333@gmail.com

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

For further information concerning this matter, please call:

WILFREDO T ORTIZ

904 881-3410

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2017 JUL 14 P 1:48
TALLAHASSEE, FLORIDA

FILED

NO LIMIT PREASSURE WASHERS CLEANING SERVICES LLC

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

FILED
 2017 SEP 14 PM 1:48
 TALLAHASSEE, FLORIDA
 CLERK OF SUPERIOR COURT

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

CORRECTING BUSINESS NAME FROM NO LIMIT PREASSURE WASHERS CLEANING SERVICES LLC
TO NO LIMIT PRESSURE WASHERS CLEANING SERVICES LLC

FILED
2017 JUL 14 PM 1:48
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/28/2017 (optional)

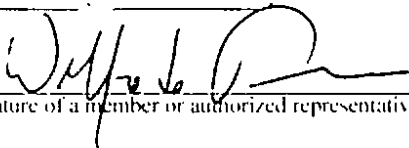
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 06/28/ 2017


Signature of a member or authorized representative of a member

WILFREDO TORTIZ

Typed or printed name of signee