

L17000148138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

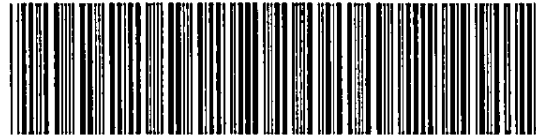
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 12 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.S.W. 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:

Ashley Wheeler
Name of Person

A.S.W. Cleaning Services LLC
Firm/Company

1935 SW 31st AVE #103
Address

Ocala, FL 34211
City/State and Zip Code

Ashley.Wheeler77@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Wheeler at (352) 216-4409
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

A.S.W. Cleaning Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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37 OCT 12 PM 9:21
Registered Agent
LIMITED LIABILITY
CORPORATION
ALL FLORIDA

MGR = Manager
AMBR = Authorized Member

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

I am not sure if this is right, but I am
amending the form to show I am the
owner of the business.

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 10 , 2017 .

Ashley Wheeler
Signature of a member or authorized representative of a member

Ashley Wheeler
Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA