

L17000163521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

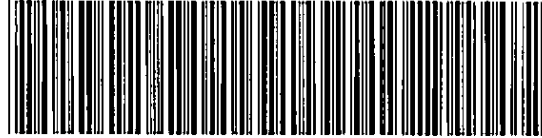
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*  
8/15/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emergency Maid Service  
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:

Joseph M. Cline  
Name of Person

Emergency Maid Service  
Firm/Company

8525 Lithia Pinecrest Rd  
Address

Lithia FL 33547  
City/State and Zip Code

emergencymaidservice11c@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph M. Cline at ( 740 ) 590-8216  
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

EMERGENCY MAID SERVICE 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>
AMBR	Christina Cline	8525 Lithia Pinecrest Rd	<input type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
		MGR	<input checked="" type="checkbox"/> Change
AMBR	Matthew Green	8525 Lithia Pinecrest Rd	<input type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
		MGR	<input checked="" type="checkbox"/> Change
MGR	Joseph Cline	8525 Lithia Pinecrest Rd	<input checked="" type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

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 August 9, 2017.

Christina L. Cline

Signature of a member or authorized representative of a member

Christina L. Cline

Typed or printed name of signee