

L17000210389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

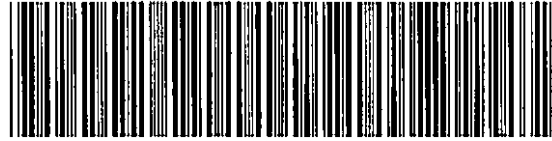
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Special Touch Support 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:

Orvie Mizzell

Name of Person

A Special Touch Support Services, LLC

Firm/Company

234 Winding Cove Avenue

Address

Apopka, Florida 32703

City/State and Zip Code

Aspecialtouch70@gmail.com

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

For further information concerning this matter, please call:

Orvie Mizzell

407

448-2415

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

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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>
MGR	Lashay Johnson	234 Winding Cove Avenue	<input type="checkbox"/> Add
		Apopka, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Will Lewis	234 Winding Cove Avenue	<input type="checkbox"/> Add
		Apopka, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adolf Mizzell	234 Winding Cove Avenue	<input type="checkbox"/> Add
		Apopka, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2017

E. Effective date, if other than the date of filing: November 17, 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.

(b) The 90th day after the record is filed.

Dated November 17, 2017

Signature of a member or authorized representative of a member

Orvie Mizzell

Typed or printed name of signee