

L18000138856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

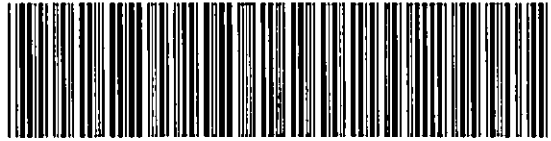
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JUL 19 2018

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: HOLLYS 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:

Kelly DeValle

\_\_\_\_\_  
Name of Person

HOLLYS SERVICES LLC

\_\_\_\_\_  
Firm/Company

211 Southland Dr. Apt 1

\_\_\_\_\_  
Address

Fort Pierce Florida 34982

\_\_\_\_\_  
City/State and Zip Code

kellydelvalle18@gmail.com

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

For further information concerning this matter, please call:

Kelly Delvalle

772 834-6424  
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

## HOLLYS 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>
MGR	Gomez Pro	2706 s 26th St	<input checked="" type="checkbox"/> Add
		Fort Pierce	<input type="checkbox"/> Remove
		Florida 34981	<input type="checkbox"/> Change
MGR	Jose Gomez	2706 S 26th St	<input checked="" type="checkbox"/> Add
		Fort Pierce	<input type="checkbox"/> Remove
		Florida 34981	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated 07/13/2018 \_\_\_\_\_



Kelly Delvalle

Typed or printed name of signer