

48000220557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

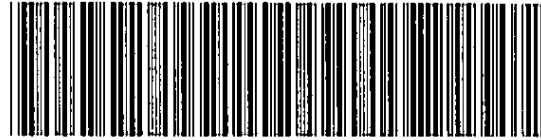
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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MAY 01 2019

FILED  
2019 APR 18 PM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend  
NLC*

## COVER LETTER

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

SUBJECT: REDFOXPRESSUREWASHING 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:

Melina Hess

Name of Person

Firm/Company

2284 Cumberland Circle Apt 1015

Address

Clearwater FL 33763

City/State and Zip Code

redfoxpressurewashing@hotmail.com

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

For further information concerning this matter, please call:

Melina Hess

Name of Person

at ( 727 ) 519-5899

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

REDFOXPRESSUREWASHING 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	Michael Quire	2284 Cumberland Circle Apt 1015	<input type="checkbox"/> Add
		Clearwater, FL 33763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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.)*

Amend Article III Other Provisions to read as follows:

Thrifting, buying and selling of household items, pressure washing, gutter cleaning and exterior cleaning

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

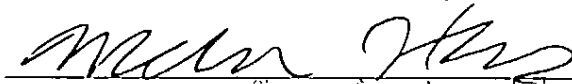
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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 4-9-19 April 9<sup>th</sup>, 2019



Signature of a member or authorized representative of a member

Melina Hess

Typed or printed name of signee