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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

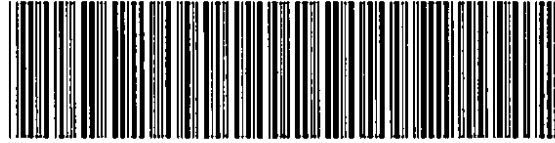
(Business Entity Name)

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2019 FEB 13 AM 10:33
SECRETARY of STATE
TALLAHASSEE, FLORIDA

FEB 18 2019
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Choice Commercial Cleaning LLC
Name of Limited Liability Company

2019 FEB 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Teantes
Name of Person

Firm/Company

241 NE Prima Vista Blvd
Address

Port St Lucie FL 34983
City/State and Zip Code

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

For further information concerning this matter, please call:

G. Julie Teantes at (772) 785-8753
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

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	Guerline Mejia	241 NE Prima Vista Blvd	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Julie Jeantus	241 NE Prima Vista Blvd	<input type="checkbox"/> Add
		Port St. Lucie FL 34983	<input type="checkbox"/> Remove
			<input checked="" 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.)

N/A

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 7/11/ 2019

Julie Jeanes
Signature of a member or authorized representative of a member

Julie Jeanes
Typed or printed name of signee