

L19000 080 484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

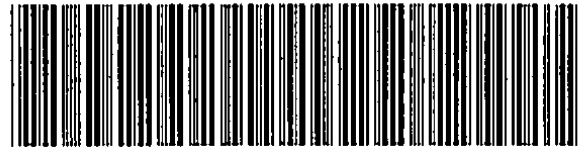
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL ABBASSEE, FLOOR 90A

SEP 17 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAMPSON PRESSURE WASHING 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:

PATRICK SAMPSON

Name of Person

SAMPSON PRESSURE WASHING LLC

Firm/Company

7427 LENA CIRCLE

Address

ZEPHYRHILLS, FL 33540

City/State and Zip Code

sampsonpressurewashing@gmail.com

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

For further information concerning this matter, please call:

Patrick Sampson

813

479-8991

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

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	CHRISTEN GUYNN	5055 1ST STREET	<input type="checkbox"/> Add
		ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK SAMPSON	7427 LENA CIRCLE	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

NA

Lined area for amending information.

09/05/2019

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)(1)

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 SEPTEMBER 5TH 2019

Handwritten signature of Patrick Sampson

Signature of a member or authorized representative of a member

PATRICK SAMPSON

Typed or printed name of signee