

LP9000 126 536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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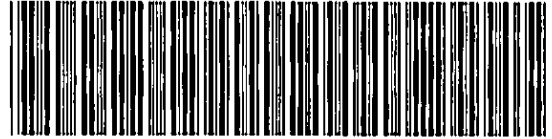
(Business Entity Name)

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C. GOLDEN

AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 05 WE 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:

ARMANDO NODA

Name of Person

ARM CONSULTING & CO INC

Firm/Company

3475 SHERIDAN ST SUITE 313

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

ARMCONSULTING@YMAIL.COM

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

For further information concerning this matter, please call:

ARMANDO NODA

786 2865344
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025.07.14 AM 10:16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent


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(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)

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.

LY 06 _____ 2020 _____

 _____

Signature of a member or authorized representative of a member

VOLMAR MILLECK _____

Typed or printed name of signee

Filing Fee: \$25.00