

L19000 157680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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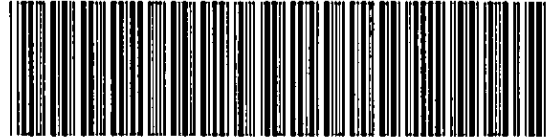
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BlueLine Security Patrol
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:

Jacob Jimenez

Name of Person

BlueLine Security Patrol

Firm/Company

5631 Struthers Ct

Address

Winter Haven, Florida 33884

City/State and Zip Code

jacobjimenez1588@yahoo.com

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

For further information concerning this matter, please call:

Jacob Jimenez

863

247-0575

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

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If Changing Registered Agent, Signature of New Registered Agent

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05/25/2020

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 March 25 2020

Signature of a member of authorized personnel

Jacob Jimenez

~~Signature of a member or authorized representative of a member~~

Jacob Jimenez

Typed or printed name of signee