

L19000233456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

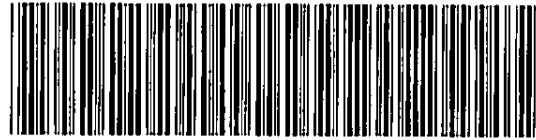
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 28 PM 1:16

FILED

C. GOLDEN

NOV 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fireside 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:

Dwayne Geib
Name of Person

Fireside Services LLC
Firm/Company

1093 Spearmaker Lane
Address

Sarasota Florida 34232
City/State and Zip Code

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

For further information concerning this matter, please call:

Dwayne Geib at (941) 374-6003
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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The Articles of Organization for this Limited Liability Company were filed on Sept 16 2019 and assigned Florida document number L19000233456

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>
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AMBR	Wayne Seib		
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1083 Spasmaker LN	<input type="checkbox"/> Add
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Sarasota FL 34232	<input type="checkbox"/> Remove
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	<input checked="" type="checkbox"/> Change
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AMBR	Kristi Gehl		
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1083 Spasmaker LN	<input type="checkbox"/> Add
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Sarasota FL 34232	<input type="checkbox"/> Remove
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	<input checked="" type="checkbox"/> Change
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	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[This section contains horizontal lines for amending information. A diagonal line is drawn across the first few lines.]

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 10/25/2019

[Handwritten signature of Dwayne Geib]

Signature of a member or authorized representative of a member

Dwayne Geib

Typed or printed name of signer