

L19000254901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

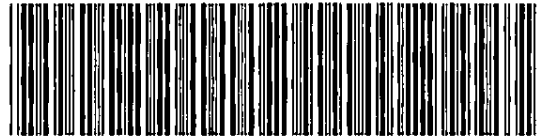
(Business Entity Name)

(Document Number)

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DEC 11 2019  
S. YOUNG

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19 NOV 12 AM 6:13  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1ST CALL PRESSURE WASHING & 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:

JESSE RIVEIRA

\_\_\_\_\_  
Name of Person

1ST CALL PRESSURE WASHING & SERVICES LLC

\_\_\_\_\_  
Firm/Company

10550 W. ST. RD. 84 LOT#159

\_\_\_\_\_  
Address

DAVIE, FLA. 33324

\_\_\_\_\_  
City/State and Zip Code

Jesse1stcallpressurewashing@gmail.com krflower@ymail.com

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

For further information concerning this matter, please call:

KATHY RIVEIRA

954

558-8842

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

FLA DEPT. OF State

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
19 NOV 2 AM 8:13  
and assigned  
TALLAHASSEE, FLORIDA

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

and assigned

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>
OWNER	JESSE RIVEIRA	10550 W ST RD 84 LOT # 159 DAVIE, FLA. 33324	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

10/10/19

**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 NOVEMBER 6 2019

*[Signature]*

Signature of a member or authorized representative of a member

Jesse Riveira

Typed or printed name of signee