

L200000 86892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

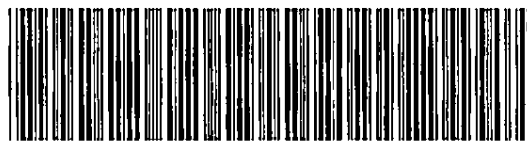
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/20--01008--012 \*\*25.00

2020 MAY -8 PM 2:27

GCU  
5/26/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RJMANCUS 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:

Robert Mancus  
Name of Person

RJMANCUS Services  
Firm/Company

6881 Hidden Glade PL  
Address

SANFORD, FL 32771  
City/State and Zip Code

RJMANCUS123@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Mancus at (407) 474-1723  
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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**(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**

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>
<u>AR</u>	<u>Robert J. MANGUS</u>	<u>6881 Hidden Glade PL</u>	<input type="checkbox"/> Add
		<u>SANFORD, FL 32771</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AR</u>	<u>LISA M. MANGUS</u>	<u>6881 Hidden Glade PL</u>	<input type="checkbox"/> Add
		<u>SANFORD, FL 32771</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Robert J. Mangus</u>	<u>6881 Hidden Glade PL</u>	<input checked="" type="checkbox"/> Add
		<u>SANFORD, FL. 32771</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>LISA M. Mangus</u>	<u>6881 Hidden Glade PL</u>	<input checked="" type="checkbox"/> Add
		<u>SANFORD, FL. 32771</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated May 5, 2020

Robert J. Mays  
Representative of a member

Signature of a member or authorized representative of a member

Robert J. Mangus  
Typed or printed name of signer

**Filing Fee: \$25.00**