

L20 000 107928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

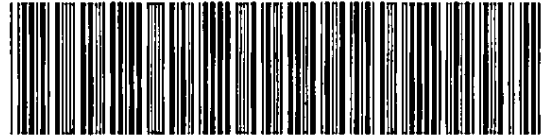
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 06 2020

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S. YOUNG

2020 JUL -6 AM 6:57

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7/2/20

Arati Hammond - 772-342-5599
Daytime phone number

Return address - 1365 SW Jasmine Trace
Palm Gtgy, FL 34990

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: At Your Service Senior Care 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:

Arati Hammond

Name of Person

At Your Service Senior Care LLC

Firm/Company

2011 S 25th St., Unit 207

Address

Fort Pierce, FL 34947

City/State and Zip Code

arati@aratihammond.com

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

For further information concerning this matter, please call:

Arati Hammond

Name of Person

at (772) 342-5599

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

At Your Service Senior Care LLC

The Articles of Organization for this Limited Liability Company were filed on 04/20/2020 and assigned Florida document number L20000107928.

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>
MGR	Dawn Coviello	284 NE Elm Terrace	☒ Add
		Jenson Beach, FL 34957	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 7/2/2020

Arali Hammer

Signature of a member or authorized representative of a member

Arati Hammond

Typed or printed name of signee