

L20000 175359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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08/24/20--01033--029 **25.00

2020 OCT 08 PM 7:40

C. SIMMONS

OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N&R PRESSURE CLEANER 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:

Yoandri Nieblas Milanes

Name of Person



Firm/Company

10984 WITCHAVEN ST

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

irdanoy@gmail.com

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

For further information concerning this matter, please call:

Yoandri Nieblas Milanes

786
at ()

461-2463

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

62311 - 24. 7:00

(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

MGR = Manager
AMBR = Authorized Member

2.00 AM - 2.15 PM 7:40

[illegible]

LESSON 20

(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)

Filing Fee: \$25.00