

L21000156117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

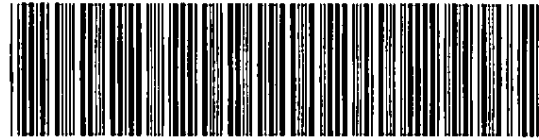
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500375046235

10/18/21--01045--024 **30.00

10/27/21

T.A.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 OCT 18 AM 8:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYMAN'S Cleaning Restoration 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:

AYMAN YOUSSEF
Name of Person

AYMAN'S CLEANING RESTORATION
Firm/Company

24231 Red Robin DR
Address

Bonita Springs FL 34135
City/State and Zip Code

INFO@AYMANSRESTORATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AYMAN YOUSSEF at (239) 633 5505
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

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>
AMBR	AYMAN YOUSSEF	24231 Red Robin DR	<input checked="" type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<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

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
2011 OCT 18 AM 8:30
Remove
Change
Add
Remove

