

h22000153128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

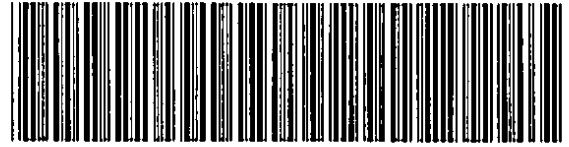
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 MAY -6 PM 2:37

T. MATTHEWS

JUN 28 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMAYA'S LAWN 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:

WILMER O VILLELA-AMAYA

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

AMAYA'S LAWN SERVICES LLC

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

411 23RD ST. EAST

\_\_\_\_\_  
Address

PALMETTO, FL 34221

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

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

For further information concerning this matter, please call:

WILMER O VILLELA-AMAYA

941

462-8191

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 MAY -6 PM 2:37

(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>
AMBR	MARLON A QUIROZ-AMAYA	4606 30TH ST W	<input type="checkbox"/> Add
		BRADENTON, FL 34207 M	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILMER O VILLELA AMAYA	411 23RD ST E	<input checked="" type="checkbox"/> Add
		PALMETTO, FL 34221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUANA F VILLELA AMAYA	411 23RD ST E	<input checked="" type="checkbox"/> Add
		PALMETTO, FL 34221	<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

[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.

Widmer Q  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**