

L22000243114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

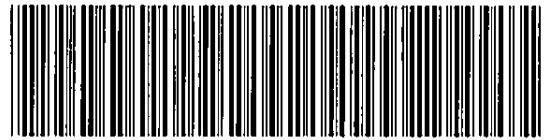
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/24--01024--001 **25.00

2024 APR -8 PM 1:38

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULF VIEW 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:

KHOMCHUK RUVIM A.

Name of Person

GULF VIEW SERVICES, LLC

Firm/Company

115 MERNER LN

Address

ROTONDA WEST, FL 33947

City/State and Zip Code

KHOMCHUKT@ICLOUD.COM

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

For further information concerning this matter, please call:

KHOMCHUK TAYANA V.

253 732-2780

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 | KHOMCHUK, TATYANA V. | 115 MARINER LN | <input type="checkbox"/> Add |
| | | ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | KHOMCHUK, RUVIM A. | 115 MARINER LN | <input type="checkbox"/> Add |
| | | ROTONDA WEST, FL 33947 | <input type="checkbox"/> Remove |
| | | CHANGE TO AMBR | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[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.

APRIL 1ST 2024



Signature of a member or authorized representative of a member

Tatyana Khomchuk
Typed or printed name of signee

Filing Fee: \$25.00