

LA22000406982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

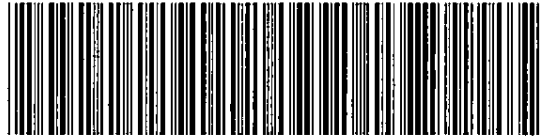
(Business Entity Name)

(Document Number)

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CLERK OF COURT
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPREHENSIVE FAMILY 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:

BELKIS CANDELIER

Name of Person

COMPREHENSIVE FAMILY SERVICES, LLC

Firm/Company

1729 NW SLW BLVD., NO. 1004

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip Code

belkiscandelier@gmail.com

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

For further information concerning this matter, please call:

Belkis Candelier

561 578-0193

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

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2024 APR -2 PM 3: 26

APR 21 1964

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>
MGR	BELKIS BELKIS	1729 NW SLW BLVD. NO. 1004	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BELKIS CANDELIER	1729 NW SLW BLVD., NO. 1004	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Buffy Condit
Signature of a member or authorized representative of a member

Typed or printed name of signee