

L24 0000 41561



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

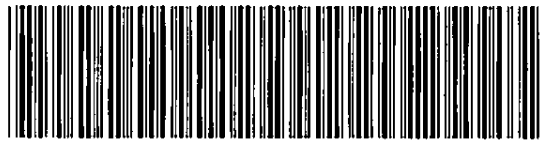
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/24--01020--012 **25.00

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2024 FEB 28 PM 2:32
CLERK OF COURT
STATE OF FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILL'S SERVICE 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:

CARLOS ABREU

Name of Person

PHILL'S SERVICE

Firm/Company

11041 LOSCO JUNCTION DR

Address

JACKSONVILLE - FL 32257

City/State and Zip Code

CPRA89@GMAIL.COM

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

For further information concerning this matter, please call:

LILIAN CASACCHIA

at (904) 882 9700

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>
MGR	CARLOS ABREU	11041 LOSCO JUNCTION DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE - FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILIAN CASACCHIA	130 PRAIRIE LAKES DR S	<input type="checkbox"/> Add
		SAINT AUGUSTINE - FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIDIANE OLIVEIRA	11041 LOSCO JUNCTION DR	<input type="checkbox"/> Add
		JACKSONVILLE - FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (Optional)
(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.

Signature of member or authorized representative of a member 02/22/2024

Typed or printed name of signee

Filing Fee: \$25.00