L24 000 231 836

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Hame)
(Document Number)
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: DIY H WOY K CLE Name of Limited Liab	eaning Services LLC						
The enclosed Articles of Amendment and fee(s) are submitted for	-						
Please return all correspondence concerning this matter to the fo	ollowing:						
Erika K.	Masnington						
Dirty Work Cleaning Services LCC							
2508 Sc anchorage cove c-2							
Port St. Lucic Florida 34952 City/State and Zip Code							
E-mail address: (to be used	78 (1mail. Com d for future annual report notification)						
For further information concerning this matter, please call:							
Erika Washington Name of Person	Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:							
Certificate of Status C	55.00 Filing Fee & Certified Copy (dditional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
Mailing Address:	Street Address:						
Registration Section	Registration Section						

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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>	Name		Address				Type of Action
MGR	ErixA	Wasnington	P.O.	Box	832	4	⊡ ∧ dd
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