

P05000131130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

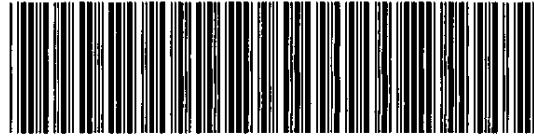
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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Office Use Only



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CONFIRMED

5-15-08

04/21/08--01026--012 **43.75

Handwritten signature

FILED

08 MAY -8 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 08 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2008

FERNANDO CASOY
1919 VAN BUREN ST
#415
HOLLYWOOD, FL 33020

SUBJECT: FC MANTEINANCE CORP.
Ref. Number: P05000131130

We have received your document for FC MANTEINANCE CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P96000003901 - C.S. SERVICES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 608A00025628

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FC Manteinance Corp.

DOCUMENT NUMBER: P05000131130

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fernando Casoy

(Name of Contact Person)

President.

(Firm/ Company)

1919 Van Buren St. #415

(Address)

Hollywood, FL, 33020.

(City/ State and Zip Code)

For further information concerning this matter, please call:

Fernando Casoy

(Name of Contact Person)

at (954) 394-0359

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

5-15-57

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

08 MAY -8 PM12:26
SECRETARY OF STATE
EAST AINASSSE, FLORIDA

FILED

(Attach additional pages if necessary)
(continued)

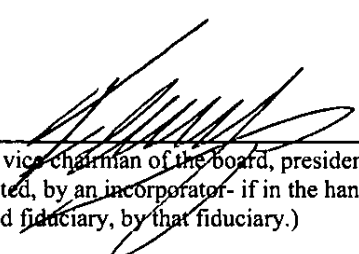
The date of adoption of the amendment(s) was: 04/18/2008

Effective date if applicable: 05/15/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Fernando Casoy

(Typed or printed name of person signing)

President.

(Title of person signing)

FILING FEE: \$35