

L21 000 115 961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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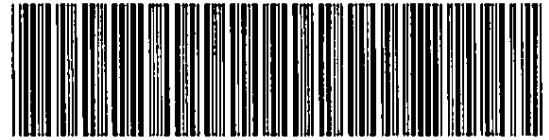
(Business Entity Name)

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L.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I & D REMODELING 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:

ISRAEL MOREJON GOMEZ

Name of Person

I & D REMODELING SERVICES LLC

Firm/Company

14860 NE 11 AVE

Address

NORTH MIAMI FL 33161

City/State and Zip Code

MOREJONISRAEL919@GMAIL.COM

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

For further information concerning this matter, please call:

ISRAEL MOREJON

305 898-2479

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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7/11 END

I&D REMODELING SERVICES LLC

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	ISABEL MOREJON GOMEZ	SAME	☐ Add
			☐ Remove
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ADD SECOND LAST NAME

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL, 27 2021

Signature of a member or authorized representative of a member

ISRAEL MOREJON GOMEZ

Typed or printed name of signee

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Filing Fee: \$25.00