

L2300003093 |

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

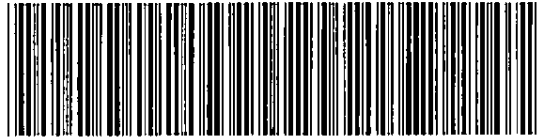
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/21/23--01010--015 \$25.00

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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZMC Home Exterior 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:

Bramdhan Castaneda
Name of Person

Firm/Company

4951 Eastwood Grns st # 104
Address

Fort Myers, FL 33905
City/State and Zip Code

ZMCHOMEEXTERIOR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bramdhan Castaneda at (239) 297-9964
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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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>
AMBR	Livan F. Morales Gaitan	4951 Eastwood Goms st #103	<input type="checkbox"/> Add
		Ford Myers, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oscar E. Morales Ortega	4951 Eastwood Goms st #103	<input type="checkbox"/> Add
		Ford Myers, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

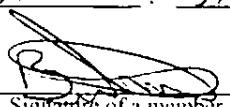
Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 02/10/23 (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) **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.

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.

Dated 02/10/2023 3:30pm



Signature of a member or authorized representative of a member

Brandhon Castaneda Espindola
Typed or printed name of signer

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SECY. PART. OF STATE
TALLAHASSEE, FL

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