

L21000411039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

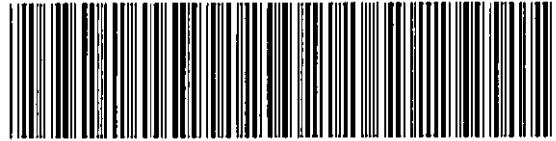
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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US/FL/02-1-01003-013 4-20-10

2023 MAY -9 AM 11:53
STATE
OFFICE
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRICOLOR BUSINESS 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:

RENATO PUGLIESI

Name of Person

Firm/Company

6536 SAND LAKE SOUND RDAPT 4312

Address

ORLANDO, FL 32819

City/State and Zip Code

RENATINHO13@LIVE.COM

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

FILED
2020 MAY -9 AM 11:53
CLERK OF COURT
STATE OF FL

For further information concerning this matter, please call:

RENATO PUGLIESI

321 429-5007

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

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>
AMBR	MAURICIO PUGLIESI	6536 SAND LAKE SOUND RDAPT 4312	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.

Dated April 29th 2023

Signature of a member or authorized representative of a member

Renato Pugliesi

Typed or printed name of signee

2023 MAY -9 AM 11:53
STATE
FBI