

L04000 014 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

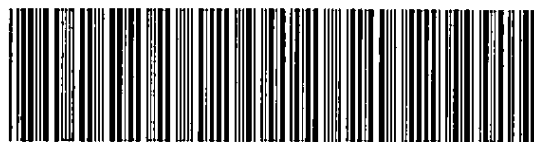
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/19--01020--007 **30.00

2019 SEP 20 AM 11:08

1-1030

R. WHITE
OCT 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Britt Plaza 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:

Iliana Ramos

Name of Person
Britt Plaza LLC

Firm/Company
310 S Dillard St # 210

Address
Winter Garden, Florida 34787-3515

City/State and Zip Code
iliana@empirefinish.com

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

For further information concerning this matter, please call:

Anahli Ramirez

Name of Person
407 656-9884
at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 SEP 20 AM 4:08

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[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)

(b) The 90th day after the record is filed.

Olivia Ramos
Signature of a member or authorized representative of a family.

Typed or printed name of signee

BRITT PLAZA, LLC

530 Susan B. Britt Ct. Ste 210

Winter Garden, Fl 34787

(407) 656 – 9884

September 18, 2019

To whom this may Concern:

Britt Plaza LLC, (L04000014372) name is to be changed to.

Industrial Center @ 429, LLC.

Return address is

530 Susan B. Britt Ct. Ste. 210

Winter Garden, Fl 34787.

Daytime phone number is (407) 656 – 9884.

Thank you for your help,

A handwritten signature in black ink, appearing to read "Maria Romero". The signature is fluid and cursive, with the first name "Maria" written in a larger, more prominent script than the last name "Romero".