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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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O SIMMONS

MAR 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O.C.PROFESSIONAL CONSTRUCTION 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:

Orlando Cruz

Name of Person

O.C. PROFESSIONAL CONTRUCCION LLC

Firm/Company

8501 Lee Pl

Address

Tampa,FL 33619

City/State and Zip Code

edayalas6@yahoo.com

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

For further information concerning this matter, please call:

Orlando Cruz

813

458-3981

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	David Hernandez Torres	2701 Cedarcrest PL Valrico, FL 33596	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated March 9, 2017



 Signature of a member or authorized representative of a member

Orlando Cruz

 Typed or printed name of signee