

L15000123436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

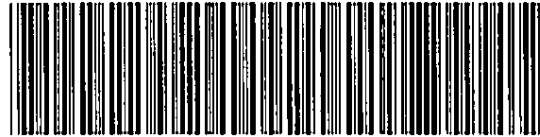
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 MAY 21 AM 9:38

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MAY 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C&I MULTISERVICES, 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:

ARIEL ESTRADA

Name of Person

C&I MULTISERVICES, LLC

Firm/Company

2801 19TH ST W

Address

LEHIGH ACRES FL 33971

City/State and Zip Code

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

For further information concerning this matter, please call:

ARIEL ESTRADA

239 2172599
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C&I MULTISERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/20/2015 and assigned
Florida document number L15000123436.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>
MBR	ORELIS HERNANDEZ	2801 19TH ST W	<input type="checkbox"/> Add
		LEHIGH ACES FL 33971	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YORDAN ESTRADA	2801 19TH ST W	<input type="checkbox"/> Add
		LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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:

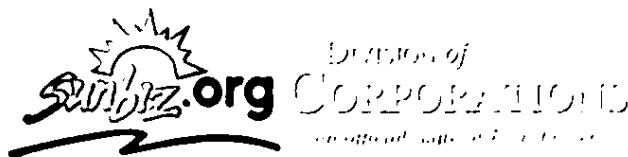
(b) The 90th day after the record is filed.

14

[Handwritten signature]

MGR

Typed or printed name of signee



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Detail by Entity Name

Florida Limited Liability Company

C & I MULTISERVICES, LLC

Filing Information

Document Number	L15000123436
FEI/EIN Number	45-2398200
Date Filed	07/20/2015
Effective Date	07/17/2015
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	11/02/2017
Event Effective Date	NONE

Principal Address

2801 19TH ST W
LEHIGH ACRES, FL 33971

Mailing Address

2801 19TH ST W
LEHIGH ACRES, FL 33971

Registered Agent Name & Address

ESTRADA, ARIEL
2801 19TH ST W
LEHIGH ACRES, FL 33971

Authorized Person(s) Detail

Name & Address

Title MGR

ESTRADA, ARIEL
2801 19TH ST W
LEHIGH ACRES, FL 33971

Title MBR

HERNANDEZ, ORELIS
2801 19TH ST W
LEHIGH ACRES, FL 33971

Title AMBR

ESTRADA, YORDAN
3319 5TH ST SW
LEHIGH ACRES, FL 33976

Annual Reports

Report Year	Filed Date
2016	04/22/2016
2017	03/25/2017
2018	03/30/2018

Document Images

<u>03/30/2018 -- ANNUAL REPORT</u>	View image in PDF format
<u>11/02/2017 -- LC Amendment</u>	View image in PDF format
<u>09/01/2017 -- CORLCDSMEM</u>	View image in PDF format
<u>04/24/2017 -- LC Amendment</u>	View image in PDF format
<u>03/25/2017 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/22/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/20/2015 -- Florida Limited Liability</u>	View image in PDF format