

L16000003670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

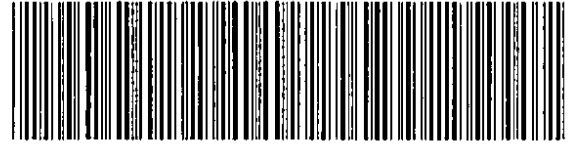
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PULIDO INSTALLATION 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:

ALBALUCIA FOLEY - REGISTERED AGENT

Name of Person

FOLEY FORENSIC ACCOUNTING LLC

Firm/Company

4100 CORPORATE SQUARE STE 100

Address

NAPLES FL 34104

City/State and Zip Code

INFO@FOLEYFORENSICACCG.COM

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

For further information concerning this matter, please call:

ALBALUCIA FOLEY

239
at ()

300-6660

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

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

PULIDO INSTALLATION 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 01/05/2016 and assigned
Florida document number L16000003670.

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)

2509 33 RD ST W

LEHIGH ACRES, FL 33971

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2509 33RD ST W

LEHIGH ACRES, FL 33971

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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

4100 CORPORATE SQUARE STE 100

Enter Florida street address

NAPLES

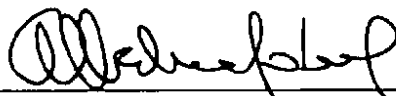
Florida 34104

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

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TALLAHASSEE, FLORIDA

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>
MGR	PULIDO, JOSE A	706 LINCOLN AVE	<input type="checkbox"/> Add
		LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZABALO MARTIN, ODAIME	706 LINCOLN AVE	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PULIDO, JOSE A	2509 33 RD ST W	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZABALO MARTIN, ODAIME	2509 33 RD ST W	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF PUBLIC
TALLAHASSEE, FLORIDA

2023 JUL 11 PM 5:16
SECRETARY OF
TALLAHASSEE, FLORIDA

7-13-68

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.

Dated 07/06 2023

ALBALUCIA FOLEY - FOLEY FORENSIC ACCOUNTING / REGISTERED AGENT

Typed or printed name of signee

Filing Fee: \$25.00