

L17000026816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

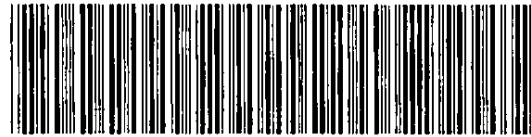
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.T CONSTRUCTION OF FLORIDA 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:

LEOBARDO RAMOS DE LEON

Name of Person

L.T CONSTRUCTION OF FLORIDA LLC

Firm/Company

3804 MILLER AVENUE

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

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

For further information concerning this matter, please call.

LEOBARDO RAMOS DE LEON 561 209-3780
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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STATE
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>
AMBR	SERGIO RIVERA PEREZ	3804 MILLER AVE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDDIE RAMOS	3804 MILLER AVE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	UBALDO CARRILO VASQUEZ	3804 MILLER AVE	<input type="checkbox"/> Add
		WPB, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIANO MORENO HERNANE	3804 MILLER AVE	<input type="checkbox"/> Add
		WPB, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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 JUNE 1, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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U.S. DEPT. OF STATE
HALL ANDERSON, FLORIDA