

L17000078495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

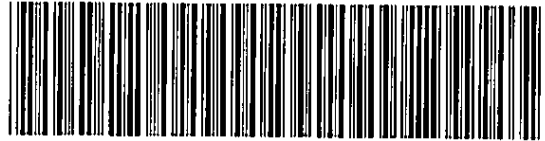
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2019

+ SPOONER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAPTA SERVICES, 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:

LISETT MURCH

Name of Person

LISETT MURCH EA PA

Firm/Company

6635 W COMMERCIAL BLVD STE 204-207

Address

TAMARAC FL 33319

City/State and Zip Code

P.LISETT@YAHOO.COM

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

For further information concerning this matter, please call:

LISETT MURCH

954 933-1261

at ()
Name of Person 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

KAPTA SERVICES, LLC

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>
MGR	MARICRUZ VALLE GUEVARA	1284 SW 115 WAY DAVIE FL 33325	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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19 JUN - 9 AM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STUDY OF PLANT
TAXES FOR

FILED
19 JUN -7 AM 7:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

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

Dated MAY 21TH 2019

Signature of a member or authorized representative of a member

JORGE CHAPARRO

Typed or printed name of signee