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(Address)

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PICK-UP WAIT MAIL

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17 MAY 12 PM 9 58
STATE OF FLORIDA
DEPARTMENT OF REVENUE

MAY 15 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lopez Interior LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Livany Lopez
Name of Person

Lopez Interior LLC
Firm/Company

223 W 16 St
Address

Hiaweah, FL 33010
City/State and Zip Code

livany - livany@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Livany Lopez at (305) 297 9355
Name of Person Area Code & Daytime Telephone Number

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 11/17/01 BY 60322
 UCBAW/STP/STP

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need to change only the title
of registered agent. Instead of president
I need to change it to MGR.
Thank you.

17 MAY 12 10 59 AM '17
RECEIVED
SECRETARY OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 5/8/17, _____

Signature of a member or authorized representative of a member

Livany Lopez

Typed or printed name of signer