

L17000119980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

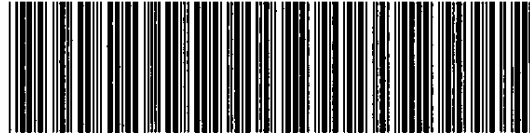
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100300127191

06/09/17--01012--020 **25.00

FILED
17 JUN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 09 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARCIA & MENDEZ CONSTRUCTION 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:

ROSALIA GARCIA

Name of Person

GARCIA & MENDEZ CONSTRUCTION LLC

Firm/Company

90 NW 17 PLACE. # 1

Address

MIAMI , FLORIDA 33125

City/State and Zip Code

ROSIEM.GARCIA@YMAIL.COM

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

For further information concerning this matter, please call:

ROSALIA GARCIA

786

879-4625

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

FILED
JUN - 8 PM 2:45
CLERK OF DISTRICT COURT
TAMPA FLORIDA
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>
MGR	ROSALIA GARCIA	90 NW 17 PLACE. # 1	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33125	<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
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 JUN 8 PM 2:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

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 6 2017

 , .
Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
17 JUN -8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA