

L17000147285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

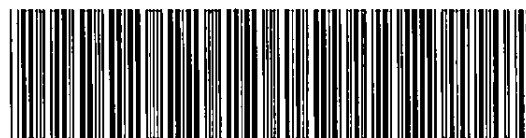
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

Q SIMMONS

SEP 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tapia's Rental, 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:

Daniel R. Gonzalez

Name of Person

Tapia's Rental, LLC

Firm/Company

109 Hidden Spring Circle

Address

Kissimmee, FL. 34743

City/State and Zip Code

danny.rosado@hotmail.com

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

For further information concerning this matter, please call:

Daniel R Gonzalez

407 765-8464

Name of Person

at ()

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

Tapia's Rental, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Daniel R Gonzalez	109 Hidden Spring Circle	<input type="checkbox"/> Add
		Kissimmee, FL. 34743	<input checked="" type="checkbox"/> Remove
AMBR	Daniel Rosado Gonzalez	109 Hidden Spring Circle	<input checked="" type="checkbox"/> Add
		Kissimmee, FL. 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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DIVISION OF CORPORATE AFFAIRS

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/28, 2017.



Signature of a member or authorized representative of a member

Daniel R Gonzalez

Typed or printed name of signee

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Filing Fee: \$25.00

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DIVISION OF CORPORATE SERVICES