

L17000184521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

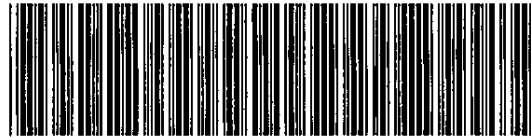
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. LEGGETT  
APR 12 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Torres Diaz Construction Cleaning 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:

**BERTHA L TORRES GUTIERREZ**

\_\_\_\_\_  
Name of Person

**TORRES DIAZ CONSTRUCTION CLEANING LLC**

\_\_\_\_\_  
Firm/Company

**401 W FLORIDA AVE APT 3F**

\_\_\_\_\_  
Address

**HAINES CITY, FL 33844**

\_\_\_\_\_  
City/State and Zip Code

**leticiatg1904@gmail.com**

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

For further information concerning this matter, please call:

**Bertha L Torres Gutierrez**

**407**

**619-9754**

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

## 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>                      |
|--------------|-------------|-------------------------|--|
| AMBR         | Susana Diaz | 104 Orange Dr           | <input type="checkbox"/> Add               |
|              |             | Lake Hamilton, FL 33850 | <input checked="" 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            |

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

10.000 11.000 12.000 13.000 14.000 15.000 16.000 17.000 18.000 19.000 20.000 21.000 22.000 23.000 24.000 25.000 26.000 27.000 28.000 29.000 30.000 31.000 32.000 33.000 34.000 35.000 36.000 37.000 38.000 39.000 40.000 41.000 42.000 43.000 44.000 45.000 46.000 47.000 48.000 49.000 50.000 51.000 52.000 53.000 54.000 55.000 56.000 57.000 58.000 59.000 60.000 61.000 62.000 63.000 64.000 65.000 66.000 67.000 68.000 69.000 70.000 71.000 72.000 73.000 74.000 75.000 76.000 77.000 78.000 79.000 80.000 81.000 82.000 83.000 84.000 85.000 86.000 87.000 88.000 89.000 90.000 91.000 92.000 93.000 94.000 95.000 96.000 97.000 98.000 99.000 100.000

**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 April 6, 2018

x Group

Signature of a member or authorized representative of a member

Bertha L Torres Gutierrez

Typed or printed name of signee