

**L18000089975**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

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2018 MAY -3 A 9 58  
CLERK OF COURT  
JULIA ROSE E. FLORES

*additions*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ALEJANDRO RODRIGUEZ SR LLC

**SUBJECT:** \_\_\_\_\_  
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:

ALEJANDRO RODRIGUEZ SR

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

ALEJANDRO RODRIGUEZ SR LLC

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

1132 CHESTERFIELD COURT

\_\_\_\_\_  
Address

KISSIMME, FL 34758

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

ALEJANDRO.RODRIGUEZSR@OUTLOOK.COM

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

For further information concerning this matter, please call:

ALEJANDRO RODRIGUEZ SR

407

450-5312

\_\_\_\_\_  
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

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2010 MAY - 3 A 9 58  
TALLAHASSEE, FLORIDA

## 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	YAJAIRA RODRIGUEZ	1132 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DASLYN J RODRIGUEZ	1132 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMUEL E RODRIGUEZ	1132 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMME, FL 34758	<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

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JUL 18 11 33 AM '08  
KISSIMMEE FL 34758

2818 MAY -3 A 458  
OFFICE  
FAC. A. H. SSELTON

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2018 MAY -3 A 9 58  
CLERK OF DISTRICT COURT  
JULIA A. ROSE  
JULIA A. ROSE

**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.

2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ALEJANDRO RODRIGUEZ SR

Typed or printed name of signee