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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 8 AM 5:50

N COOPFC

MAY 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL REMODELING CONCEPTS BY L&K, 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:

KENIA D VELAZQUEZ

Name of Person

ALL REMODELING CONCEPTS BY L&K, LLC.

Firm/Company

510 S ABERDEENSHIRE DR

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

VELAZQUEZPONCEDELEON@YAHOO.COM

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

For further information concerning this matter, please call:

KENIA D. VELAZQUEZ

786 908-3299
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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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>
VP	LENIN J. ZUNIGA	510 S ABERDEENSHIRE DR	<input checked="" type="checkbox"/> Add
		SAINT JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	JULIO C. VELAZQUEZ	510 S ABERDEENSHIRE DR	<input checked="" type="checkbox"/> Add
		SAINT JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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F. Effective date, if other than the date of filing: 05/08/2018 (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 MAY 3RD 2018

Signature of a member or authorized representative of a member

KENIA D. VELAZQUEZ

Typed or printed name of signee