

LI8000 182770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

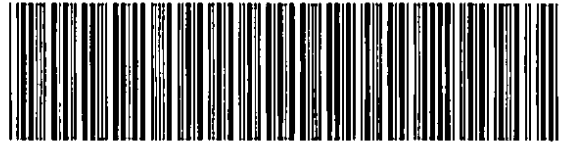
(Business Entity Name)

(Document Number)

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

JAN 09 2019

S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BRITO UNLIMITED PAINTING 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:

LUIS MENDOZA

Name of Person

MENDOZA TAX SERVICES LLC

Firm/Company

3501 W VINE ST, SUITE 262

Address

KISSIMMEE, FL 34741

City/State and Zip Code

contact@mendozaaccounting.com

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

For further information concerning this matter, please call:

LUIS MENDOZA

Name of Person

407

at ()

Area Code

750-8464

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

STATE
TALLAHASSEE, FLORIDA

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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>
AMBR	ELENA BRITO RAYMUNDO	451 SE 8TH ST LOT BOX 219 HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
Remove
Change
Add
Remove

FILED

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

EIN# 83-1399919

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TALLAHASSEE, FLORIDA

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

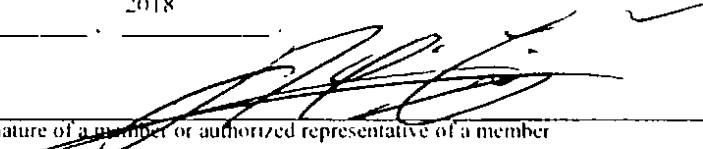
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 DECEMBER 20, 2018



Signature of a member or authorized representative of a member

LUIS A. MENDOZA - R.A.

Typed or printed name of signee