

L18000187708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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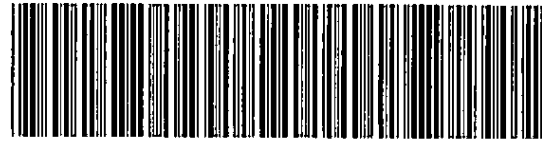
(Business Entity Name)

(Document Number)

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JULIA M. HARRIS, CLERK

O SIMMONS

WV 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA TECHNICAL SERVICES OF THERMAL TREATMENTS 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:

OLDAN CANCHIMBO

Name of Person

Firm/Company

5511 PINNACLE LN

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

OLDAN14@HOTMAIL.COM

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

For further information concerning this matter, please call:

OLDAN CANCHIMBO

Name of Person

at (561) 294-7704

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

USA Technical Services of Thermal Treatments LLC

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	CAROLINA LARRAHONDO	5511 PINNACLE LN.	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLDAN CANCHIMBO	5511 PINNACLE LN.	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RACHEL RIVERA	5372 GENE CIR.	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33415	<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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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

(This area contains horizontal lines for amending information. A stamp is visible on the right side of the page.)

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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 04 April, 2019

Carolina Larrahondo

Signature of a member or authorized representative of a member

CAROLINA LARRAHONDO

Typed or printed name of signee