

L18000235032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

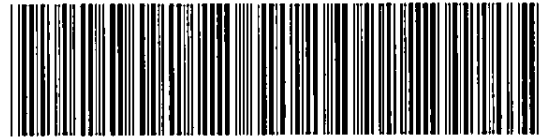
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05/01/23--01014--026 \*\*25.00

FILED  
2023 MAY -1 PM 2:17  
CLERK

Y. SCOTT

JUN 18 2023

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: L & C Home Repairs, 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 A. Rivera

Name of Person

L.R Home Repairs LLC

Firm/Company

307 N Dixie Avenue

Address

Howey-in-the-Hills, FL 34737

City/State and Zip Code

luisriveraacevedo61@gmail.com

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

2023 MAY - 1 PM 2:17

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STATE  
OFFICE, FL

For further information concerning this matter, please call:

Luis Rivera

at 352 321-8247

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2023 MAY -1 PM 2:18  
 STATE OF  
 MISSISSIPPI  
 DEPARTMENT OF  
 REVENUE

2023 MAY -1 PM 2:18  
ST. LOUIS  
MISSOURI

2023 MAY -1 PM 2:18

(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)

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.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**