

L18000281974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

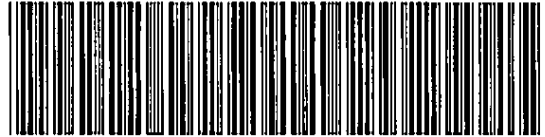
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 24 2020

SEP 15 2020
S. YOUNG

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CLERK OF SUPERIOR COURT
JUL 24 2020

2020 JUL 24 AM 7:16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLLET CONSTRUCTION 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:

CARLOS R OLLET

Name of Person

OLLET CONSTRUCTION LLC

Firm/Company

5021 NW 190 ST

Address

MIAMI, FL 33055

City/State and Zip Code

CARLOSOLLET@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS R OLLET

786 970-4910
at ()

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

FILED
2020 JUL 24 AM 7:16
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DIVISION OF CONSUMER PROTECTION
TALLAHASSEE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned

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> |
|--------------|----------------|--------------------------------|--|
| PRES | CARLOS R OLLET | 5021 NW 190 ST MIAMI, FL 33055 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CARLOS R OLLET | 5021 NW 190 ST MIAMI, FL 33055 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE UPDATE FEI/EIN Number: 84-1727028

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 JULY 20 2020

Carlos Dela

Signature of a member or authorized representative of a member

CARLOS R OLLET

Typed or printed name of signee

Filing Fee: \$25.00