

L19000068785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

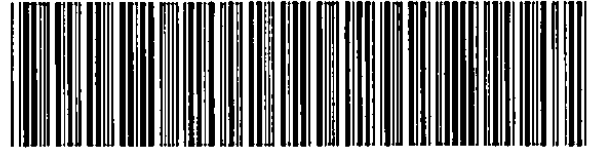
(Business Entity Name)

(Document Number)

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08/30/21--01026--010 \*\*25.00

9/21 10:53 AM 11:53

TO: Registration Section  
Division of Corporations

SUBJECT: ALONZO AND SONS, 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:

Maria de Lourdes Alonzo

Name of Person

ALONZO AND SONS, LLC

Firm/Company

4624 N Hubert Ave

Address

Tampa, Florida 33614

City/State and Zip Code

alonzolourdes78@gmail.com

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

For further information concerning this matter, please call:

Maria de Lourdes Alonzo

321

914 2065

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

TO  
**ARTICLES OF ORGANIZATION**  
**OF**

ALONZO AND SONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/11/2019 and assigned  
Florida document number L19000068785.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

**MGR = Manager**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>   | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------|------------------------|--|
| AMBR         | Valdez, Maria | 2903 11th ST SW        | <input type="checkbox"/> Add               |
|              |               | LEHIGH ACRES, FL 33976 | <input checked="" type="checkbox"/> Remove |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
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2021 AUG 30 AM 11:54

08/24/2021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

Dated 08/24/2021 12:00 PM

Maria de Lourdes Alonzo Mota

Typed or printed name of signee