

L19000093460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

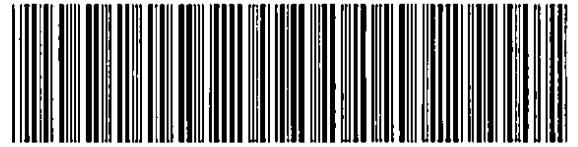
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONTE & MONTE 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:

GIACOMO MONTE

Name of Person

Firm/Company

249 W STATE RD 436 SUITE 1109

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

monte.monte.usa@gmail.com

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

For further information concerning this matter, please call:

GIACOMO MONTE

407 670 5061
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

2023 JUN 26 11:44:48

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>
MGR	MONTE, GIACOMO	249 SR 436 SUITE 1109	☐ Add
		ALTAMONTE SPRINGS, FL 32714	☐ Remove
			☒ Change
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(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)

04/21/2023

Dated 04/21/2023

GIACOMO MONTE

GIACOMO MONTE

2023 JUN 26 PM 4:49

Filing Fee: \$25.00