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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

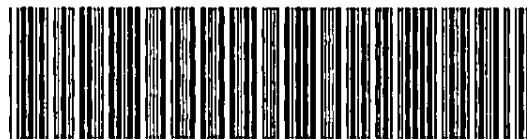
(Business Entity Name)

(Document Number)

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JAN 4 4 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOSQUERA & ORTIZ SERVICES 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:

HEYEN MOSQUERA

\_\_\_\_\_  
Name of Person

MOSQUERA & ORTIZ SERVICES LLC

\_\_\_\_\_  
Firm/Company

4551 KOKOMO DR

\_\_\_\_\_  
Address

LAKE WORTH, FL., 33463

\_\_\_\_\_  
City/State and Zip Code

cazanapapi1947@icloud.com

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

For further information concerning this matter, please call:

HEYEN MOSQUERA

786 709-7367  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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04/18/2019

**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	HEYEN MOSQUERA	4551 KOKJOMO DR. Lakeworth, fl. 3346	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	CARCAMO CARLOS O	2425 2ND AVE N # 124, Lakeworth, FL. 33461	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

THE LIMITE LIABILITY COMPANY ( MOSQUERA & ORTIZ SERVICES LLC) HAS BEEN NOTIFIED OF  
RESIGNATION OF CARLOS O. CARCAMO , THE DAY WAS 07/15/2022.

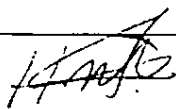
**E. Effective date, if other than the date of filing:** 07/15/2022 12:01 A.M. **(optional)**

*(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 October 12 2022



\_\_\_\_\_  
Signature of a member or authorized representative of a member

HEYEN MOSQUERA

\_\_\_\_\_  
Typed or printed name of signee