

L19000123225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

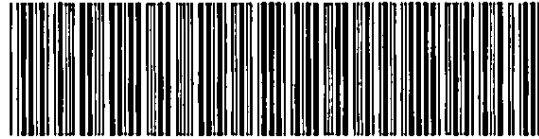
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330178338

06/10/19--01032--036 **25.00

FILED

2019 JUN 10 PM 3:19

C. GOLDEN

JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPALA SIDING C.O 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:

ORLYN JOSUE LOPEZ RAMOS

Name of Person

IMPALA SIDING C.O LLC

Firm/Company

508 NORTH ST

Address

FORT WALTON BEACH, FL 32547

City/State and Zip Code

orlynlopez9@gmail.com

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

For further information concerning this matter, please call:

ORLYN JOSUE LOPEZ RAMOS

850 960.2094
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 JUN 10 PM 3:19

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

Page 1 of 3

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	ORLYN J LOPEZ RAMOS	508 NORTH ST FORT WALTON BEACH, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ, ORLYN O	508 NORTH ST FORT WALTON BEACH, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ RAMOS, ORLYN JOSUE O, SR	508 NORTH ST FORT WALTON BEACH, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ RAMOS, ORLYN JOSUE O, SR	508 NORTH ST FORT WALTON BEACH, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ RAMOS, ORLYN JOSUE O, SR	508 NORTH ST FORT WALTON BEACH, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ RAMOS, ORLYN JOSUE O, SR	508 NORTH ST FORT WALTON BEACH, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated JUNE 6, 2019

Typed or printed name of signee