

L19 000172675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

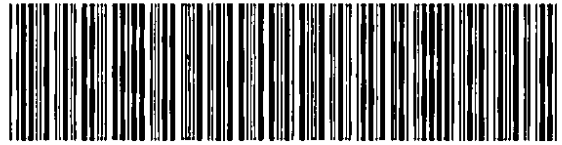
(Business Entity Name)

(Document Number)

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08/05/19--01023--022 **25.00

AUG 09 2019

S. YOUNG

FILED
19 AUG -5 PM 6:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDA SERVICES GROUP 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:

NORMA SANTIZ LOPEZ

Name of Person

Firm/Company

75 1ST ST

Address

FT MYERS, FL 33907

City/State and Zip Code

santizn100@gmail.com

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

For further information concerning this matter, please call:

NORMA SANTIZ

239

810-6038

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

If appending 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>
AMBR	MIGUEL ORELLANO	75 1ST ST FT MYERS, F L 33907	<input type="checkbox"/> Add
		REMOVE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LUCERO ALVARADO	75 1ST ST FT MYERS, FL 33907	<input type="checkbox"/> Add
		REMOVE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please remove Miguel Orellan as AMBR and Lucero Alvarado as AP

Thank you

E. Effective date, if other than the date of filing: _____ (optional)

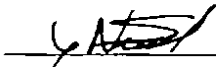
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

7/29/19



Signature of a member or authorized representative of a member

Norma Santiz Lopez

Typed or printed name of signee