

L19000172872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

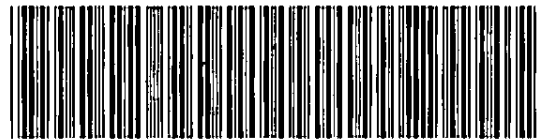
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILWAUKEE, WI

D. BRUCE
AUG 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESPAILLAT CLEANERS 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:

ESPAILLAT, OLIVIERE
Name of Person

ESPAILLAT CLEANERS LLC
Firm/Company

1117 SE SANDIA DR
Address

PORT ST. LUCIE, FL 34983
City/State and Zip Code

espaillatcleaners@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESPAILLAT, OLIVIERE at (305) 4670069
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

TALLAHASSEE, FL
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FBI

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>
VP	Maria Espaillat	1117 SE SANDIA DR. PORT ST. LUCIE, FL. 34983	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FLORIDA

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

Multiple horizontal lines for amending information.

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FALLA

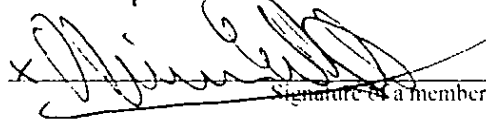
E. Effective date, if other than the date of filing: 07/23/2021 (optional)

(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 July 23, 2021.



Signature of a member or authorized representative of a member

ESPAILLAT, OLIVIERE

Typed or printed name of signee