

L19000175853

(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



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2023 FEB -9 AM 8:56
CLERK OF STATE
TALLAHASSEE, FL

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2023 FEB -9 PM 3:44
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TALLAHASSEE, FLORIDA

2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00

AUTHORIZATION SIGNATURE: Jan F. [Signature]

SAN FRUTTUOSO LLC L19000175853

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☒ **Amendment**

☐ Designation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE() ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAN FRUITTUOSO 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:

GILBERTO DOMINGUES

Name of Person

GD MANAGEMENT AND SERVICES LLC

Firm/Company

7575 KINGSPONTE PKWY SUITE 20

Address

ORLANDO FLORIDA 32819

City/State and Zip Code

Giba1970@hotmail.com

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

For further information concerning this matter, please call:

Gilberto

321

2390386

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

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DEPT. OF STATE
TALLAHASSEE, FL

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
or removed from our records:**

MGR = . Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


2023 FEB -9 AM 8:56
TALLAHASSEE, FL
TALLAHASSEE, FL

FILED
2025 FEB -9 AM 8:56
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TALLAHASSEE, FL

(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)

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 FEBRUARY 02, 2023


Signature of a member

Signature of a member or authorized representative of a member

DENIS CAMPOS MARINO

Typed or printed name of signee

Filing Fee: \$25.00