

L19000 199 529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

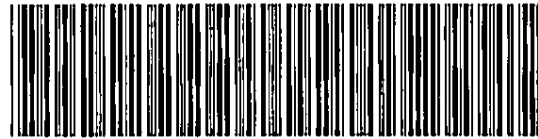
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200333354052

08/26/19--01029--008 **30.00

FILED

19 AUG 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 6 2019

T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEMOS PAINTING 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:

GUILLERMO SIERRA ORTIZ

Name of Person

Firm/Company

19579 GALLEON POINT DRIVE

Address

LEHIGH ACRES, FLORIDA 33936

City/State and Zip Code

memoswfpainting@gmail.com

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

For further information concerning this matter, please call:

GUILLERMO SIERRA ORTIZ

239 245-4799
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

MEMOS PAINTING LLC

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>
AMBR	GEORGINA MOELLER	19579 GALLEON POINT DRIVE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 AUG 28 AM 11:45
FILED
Remove
Change
Add
Remove

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

PLEASE CORRECT GUILLERMO FULL NAME TO

GUILLERMO SIERRA ORTIZ

FILED
19 AUG 26 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/20/19

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 August 20, 2019

Signature of a member or authorized representative of a member

GUILLERMO SIERRA ORTIZ

Typed or printed name of signee