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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

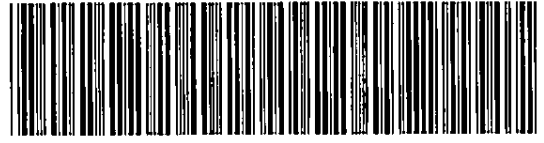
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Amend/ Name Change*

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORTIZ JIMENEZ CONSTRUCTION LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS ORTIZ JIMENEZ  
Name of Person  
ORTIZ JIMENEZ CONSTRUCTION LLC  
Firm/Company  
1518 G AND H DRIVE  
Address  
KISSIMMEE, FL 34744  
City/State and Zip Code  
OJCONSTRUCTION01@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS ORTIZ JIMENEZ 407 692-3106  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JAN 10 2011

ORTIZ JIMENEZ CONSTRUCTION LLC

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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 OCTOBER 1 2019

ALEXIS ORTIZ JIMENEZ

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**Filing Fee: \$25.00**