

120 000083970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

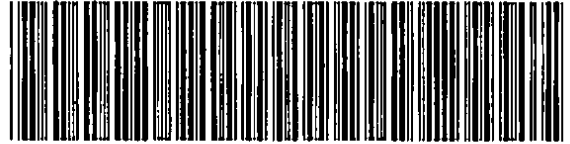
(Document Number)

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FILED  
2021 NOV 24 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 323

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FURNITURE RESTORATION PLUS, 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:

ELIANA PENA FUGUET

\_\_\_\_\_  
Name of Person

FURNITURE RESTORATION PLUS, LLC

\_\_\_\_\_  
Firm/Company

7000 N. ORANGE BLOSSOM TRAIL

\_\_\_\_\_  
Address

ORLANDO, FL 32810

\_\_\_\_\_  
City/State and Zip Code

ELIANA@JCQSERVICES.COM

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

For further information concerning this matter, please call:

ELIANA PENA FUGUET

407 217-4491

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

FILED

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

**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 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	GANNA QUIROGA	7000 N. ORANGE BLOSSOM TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ELIANA PENA FUGUET	ELIANA PENA FUGUET	<input checked="" 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

[illegible]

(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)

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 11/19, 2021

  
Signature of a member or authorized representative of a member

ELIANA PENA FUGUET  
Typed or printed name of signee