

# L20000347221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

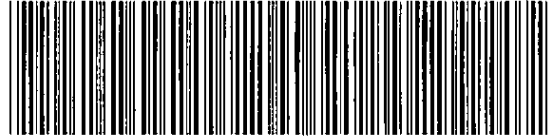
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESTRADA DESIGN AND MACHINE, 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:

FRANCISCO D. ESTRADA III

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

ESTRADA DESIGN AND MACHINE, LLC

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

8303 N 46TH ST.

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33617

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

ESTRADADESIGNMACHINE@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO ESTRADA

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

813

at ( )

Area Code

9927876

\_\_\_\_\_  
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

**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	ELYSSA A. ESTRADA	8303 N 46TH ST.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAX DENNIS D. ROXAS	17107 TURNING OAKS BEND	<input checked="" type="checkbox"/> Add
		LUTZ, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAN CHRISTEN D. ROXAS	8303 N 46TH ST.	<input type="checkbox"/> Add
		TAMPA, FL 33617	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023-06-16 Fri 6:11

(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.

2023

Signature of a member or authorized representative of a member

FRANCISCO D. ESTRADA III

Typed or printed name of signee

**Filing Fee: \$25.00**