

K20 000367161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

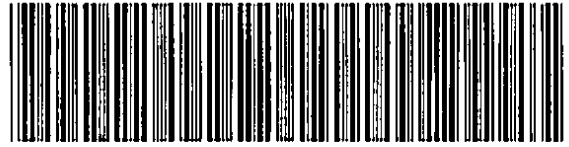
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06/29/22--01013--013 **25.00

FILED
2022 JUN 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUPER FLAT CONCRETE 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:

Andrea Hollingsworth

Name of Person

Viglione Accounting Corp

Firm/Company

7061 S Tamiami Trl Suite 204

Address

Sarasota, FL 34231

City/State and Zip Code

aviglione@mc.com

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

For further information concerning this matter, please call:

Andrea Hollingsworth

941

465-7867

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

FILE
2022 JUN 29 AM 11
SECRETARY OF ST.
TALLAHASSEE, FL

(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>
MGR	Junior N Breve Duarte	4428 60TH ST CT W UNIT A	<input type="checkbox"/> Add
		Bradenton, FL 34210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Quensi Arita Portillo	4428 60th St Ct W Unit A	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[illegible]

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 June 25th 2022

Rigoberto Castro
Signature of a member

Signature of a member or authorized representative of a member

Rigoberto Castro

Typed or printed name of signee